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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600002	CITY	OR TOWN	QUINCY	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: AB INDEPENDENC	E CORPORATION			
DOING BUSINESS A VARSITY CLUB				
ADDRESS 033-37 INDEPENDENCE AVE	₹.			
CITY/TOWN: QUINCY	STATE: MA ZI	P CODE:	02169	
MANAGER: KESSLER, ADAM TYPE	OF LICENSE: Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAIL ADDI	RESS		
DESCRIPTION OF LICENSED PREMISE				
EXISTING BLDG IS 63 X 40 FT; ENTRA AND EXIT TO THE REAR PARKING AR				ΓRANCE
I hereby certify and swear under penalties of	f perjury that:			
1. the renewed license will be of the	e same type for the same p	remises now	licensed;	
2. the licensee has complied with a	ll laws of the Commonwea	lth relating to	taxes; and	
3. the premises are now open for bu	usiness (If not explain belo	w)		
SIGNED BY:				
	r Authorized Corporate Of	ficer		
	r Authorized Corporate Of	ficer		
Individual, Partner of	r Authorized Corporate Of	ficer		
	NUMBER:	EMPLOYER		TION NUMBER:
Individual, Partner of	NUMBER:	EMPLOYER		TION NUMBER: ecurity Number)
Individual, Partner of	NUMBER: n possession (1) the certificector and the head of the	EMPLOYER Note: NOT Ind cate require fire departs	ividual Social S	ecurity Number) er 304 of the above named
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspection.	NUMBER: n possession (1) the certification and the head of the ability insurance required	EMPLOYER Note: NOT Ind cate require fire departs by Chapte	ividual Social S	er 304 of the above named Acts of 2010.
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia	NUMBER: n possession (1) the certification and the head of the ability insurance required	EMPLOYER Note: NOT Ind cate require fire departs by Chapte	ed by Chapto nent for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lians Please Check Below: APPROVED: DISAPPROVED:	NUMBER: n possession (1) the certificector and the head of the ability insurance required	EMPLOYER Note: NOT Ind cate require fire departs by Chapte	ed by Chapto nent for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lians Please Check Below: APPROVED:	NUMBER: n possession (1) the certificector and the head of the ability insurance required	EMPLOYER Note: NOT Ind cate require fire departs by Chapte	ed by Chapto nent for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lians Please Check Below: APPROVED: DISAPPROVED:	NUMBER: n possession (1) the certificector and the head of the ability insurance required	EMPLOYER Note: NOT Ind cate require fire departs by Chapte	ed by Chapto nent for the r 116 of the	er 304 of the above named Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600004		CITY OR TO	WN QUINCI	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	A VILLA ROSA RE	ESTAURANT			
ADDRESS 705 ADA	MS				
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE	E: 02169	
MANAGER: MASS	SEY, MARIA TYP	'E OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF L 3 ROOMS CONSIST USED ONLY FOR S	ING OF THE LOU	NGE; DINING ROC			AREA
I hereby certify and sv	wear under penalties	of perjury that:			
	ed license will be of t	* *	-		
	e has complied with es are now open for			ng to taxes; and	
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT $oldsymbol{\Gamma}$ Individual Social S	
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	pector and the hea	d of the fire dep	partment for the	above named
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LIC By:	ENSING AUTHO	ORITY
(If disapproved explain	in)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100000005		CITY OR TOWN QUIN	CI
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 73-79 FRA	ALFREDO'S	ANT INC.		
		CTATE. MA	ZID CODE. 0216	0
CITY/TOWN: QUIN		STATE: MA	ZIP CODE: 0216	
MANAGER: HUGH	IS, JOHN SR. TYPE (OF LICENSE: Rest	caurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEBSI		AIL ADDRESS	
	ROOMS AND KITCH		ARS USED FOR STORA	GE OF FOOD,
I hereby certify and sw	ear under penalties of	perjury that:		
1. the renewed	d license will be of the	same type for the s	same premises now license	d;
	e has complied with all es are now open for bus		onwealth relating to taxes; in below)	and
SIGNED BY:	Individual, Partner or	Authorized Corpor	rate Officer	
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER:
Acts of 2004, signed	by the building inspe	ctor and the head	certificate required by C of the fire department fo quired by Chapter 116 of	r the above named
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain				
(11 disappioved explain	11)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	00600006		CITY OR TOWN	QUINCY		
APPLICATION FOR RENEWAL:		Annual	LICEN	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME: C DOING BUSINESS A						
ADDRESS 332 VICTO	RY ROAD					
CITY/TOWN: QUINC	Y	STATE: MA	ZIP CODE:	02171		
MANAGER: BIGNEI	L, LINDA TYPE	OF LICENSE: Re	staurant C	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_	
DESCRIPTION OF LIC	ENSED PREMISES	S:				
5,000 SQUARE FEET OBOARDWALK ALONG CAFE.						
I hereby certify and swea	ar under penalties of	perjury that:				
1. the renewed l	icense will be of the	same type for the	same premises nov	w licensed;		
2. the licensee h	as complied with all	laws of the Com	nonwealth relating	to taxes; and		
3. the premises	are now open for bus	siness (If not expl	ain below)			
SIGNED BY:	ndividual, Partner or	Authorized Corpo	orate Officer			
DATE:	TELEDIONE N	HI ADED	EMDI OVE	ER IDENTIFICAT	TON NI IMBED	
DITIE.	TELEPHONE N	NUMBER:		dividual Social S		
We the undersigned, a Acts of 2004, signed by license and (2) the cert	the building inspe	ctor and the hea	d of the fire depart	tment for the	above named	
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 100600007		CITY OR TOWN	QUINCY
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 668 -670	A HANCOCK TAVER	RN		
CITY/TOWN: QUI	INCY	STATE: MA	ZIP CODE:	02169
MANAGER: DEB JOH	SARTOLO, TYPE N JR.	OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS	
2 ROOMS ON THE	LICENSED PREMISES FIRST FLOOR, CELLA TABLES/36 SEATS		.RESTAURANT &	BAR-PATIO 21' X
 the renew the licens 	swear under penalties of yed license will be of the see has complied with all ises are now open for bus	same type for the laws of the Comr	nonwealth relating to	
SIGNED BY:	Individual, Partner or	Authorized Corpo	orate Officer	
DATE:	TELEPHONE I	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	d by the building inspe	ctor and the head	d of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600010		CITY OR TOWN QUINCT		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013	
	CLASS		YEAR	
LICENSEE NAME: CHRIS NOEL,	INC			
DOING BUSINESS A THE IRISH P	UB			
ADDRESS 51 BILLING RD.				
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02171		
MANAGER: BOWLER, NOEL D. 7	YPE OF LICENSE: Rest	taurant CATEGORY	Y: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREI	MISES:			
FIRST FLOOR CONSISTS OF BAR	AND RESTAURANT. O	CELLAR USED FOR STORA	IGE	
I hereby certify and swear under penal	ties of perjury that:			
1. the renewed license will be	of the same type for the s	same premises now licensed;		
2. the licensee has complied v	vith all laws of the Comm	onwealth relating to taxes; and	d	
3. the premises are now open	for business (If not expla-	in below)		
SIGNED BY:				
	ner or Authorized Corpor	rate Officer		
DATE: TELEBIA		EMBLOVED IDENTIFIC	ATION NUMBER.	
TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
		(110te. 1101 Individual Socia	ii Security Number)	
We the undersigned, attest that we	are in possession (1) the	certificate required by Cha	pter 304 of the	
Acts of 2004, signed by the building	•		•	
license and (2) the certificate of liqu	or liability insurance re	equired by Chapter 116 of th	ne Acts of 2010.	
Please Check Below:		LOCAL LICENSING AUT	HORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE.		-		
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600011	•	CITY OR TOW	N QUINCI	
APPLICATION FOR F	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: N	NORTH QUINCY REST	AURANT COR	PORATION		
DOING BUSINESS A	GRAND CHINATOWN	RESTAURAN	T		
ADDRESS 021-27 BIL	LINGS RD.				
CITY/TOWN: QUINC	CY ST	ATE: MA	ZIP CODE:	02170	
MANAGER: YU, CE	ECILIA TYPE OF	LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES:				
ONE ROOM ON FIRS	T FLOOR; BASEMENT	FOR STOCK			
I hereby certify and swe	ear under penalties of per	jury that:			
1. the renewed	license will be of the san	ne type for the s	ame premises n	ow licensed;	
2. the licensee	has complied with all law	vs of the Commo	onwealth relatin	ig to taxes; and	
3. the premises	s are now open for busine	ss (If not explai	n below)		
SIGNED BY:					
	Individual, Partner or Aut	thorized Corpor	ate Officer		
DATE:			EMBLO	VED IDENTIFICAT	EION NUMBER
DATE.	TELEPHONE NUM	MBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(1101c. <u>1101</u>	ilidividuai Sociai S	security Number)
We the undersigned,	attest that we are in pos	session (1) the	certificate requ	uired by Chapt	er 304 of the
	by the building inspector				
license and (2) the cer	rtificate of liquor liabilit	y insurance re	quired by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:]				
(If disapproved explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600012		CITY OR TO	WN QUINCI	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ADAMS HEIG	HTS MEN'S CLUB INC	C		
DOING BUSINESS A	A ADAMS HEI	GHTS MENS CLUB			
ADDRESS 63 BOW	ER RD.				
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE	2: 02169	
MANAGER: Gilma	rtin, Kevin	ΓΥΡΕ OF LICENSE: Clu	ıb	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PRE	MISES:			
		OOMS; 3 EXITS FROM			OOR
I hereby certify and sv	wear under penal	ties of perjury that:			
1. the renewe	ed license will be	of the same type for the	same premises	now licensed;	
2. the license	e has complied v	vith all laws of the Com	monwealth relati	ng to taxes; and	
3. the premis	es are now open	for business (If not expl	ain below)		
SIGNED BY:			0.00		
	Individual, Part	ner or Authorized Corpo	orate Officer		
D 4 (TIE)					
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICAT	
			(Note: NO	Individual Social S	security Number)
		are in possession (1) th			
		inspector and the head or liability insurance r			
ncense and (2) the c	er unicate or nqu	or nability insurance i	equired by Cha	apter 110 or the	Acts of 2010.
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	in)				
TI T	,		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600014		CITY OR TOWN	QUINCY	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 28 CHEST					
		OTATE MA	ZID CODE	02160	
CITY/TOWN: QUIN		STATE: MA	ZIP CODE:	02169	
MANAGER: SULLI P.	IVAN, BRIAN TYPE	OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:		_			
PI	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		•
DESCRIPTION OF L					
ONE ROOM WITH BOONE KITCHEN; CEL			TH 13 BOOTHS; T	WO RESTR	OOMS;
I hereby certify and sw	vear under penalties of	f perjury that:			
1. the renewed	d license will be of the	e same type for the	same premises now	licensed;	
2. the licensee	e has complied with al	l laws of the Comm	nonwealth relating to	taxes; and	
3. the premise	es are now open for bu	isiness (If not expla	in below)		
SIGNED BY:					
SIGNED D1.	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TEEEITIOIVE	IVONIBEIX.	(Note: NOT Individual Social Security Number)		
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building inspe	ector and the head	of the fire departn	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					
APPLICATION FOR RENEWA	AL MUST BE FILED BY LICE	ENSEES DURING THE MO	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	(A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	00600015	CITY	OR TOWN QUINCY	(
APPLICATION FOR RI	ENEWAL: A	nnual	LICENSED FOR	2013
	C	LASS		YEAR
LICENSEE NAME: ODOING BUSINESS A TADDRESS 139 COPEL		AND ST. CORP) .	
CITY/TOWN: QUINC		E: MA Z	IP CODE: 02169	
	NA, MARY TYPE OF LIC			Y: All Alcohol
P.	NA, MART THE OF LIC.	ENSE. Restauran	CATEGORI	a. All Alcohol
EMAIL ADDRESS:				
PLEA	ASE ALSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADI	DRESS	<u></u>
DESCRIPTION OF LIC	ENSED PREMISES:			
	; KITCHEN,STOREROOM AND ST WITH ONE EXIT			
I hereby certify and swea	ar under penalties of perjury	that:		
1. the renewed l	icense will be of the same ty	pe for the same p	premises now licensed;	
2. the licensee h	as complied with all laws of	the Commonwe	alth relating to taxes; and	d
3. the premises	are now open for business (I	f not explain bel	ow)	
SIGNED BY:	ndividual, Partner or Authori	zed Cornorate O	fficer	
п	idividual, I artiici of Addion	zed Corporate O	incei	
DATE:	TELEPHONE NUMBE	īR·	EMPLOYER IDENTIFIC	ATION NUMBER:
	TEEE HOLE TOWNER		(Note: NOT Individual Socia	al Security Number)
Acts of 2004, signed by	ttest that we are in possessy the building inspector and ificate of liquor liability in	d the head of the	e fire department for t	he above named
Please Check Below:		LO	CAL LICENSING AUT	HORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:		_		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600016		CITY OR TOWN QUINCY
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: A T DONNELLY I	LLC	
DOING BUSINESS A CALLAHAN'S T	AP	
ADDRESS 296 COPELAND ST.		
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02169
MANAGER: DONNELLY, TYPE ANTHONY	PE OF LICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMIS	SES:	
TWO STORY BLDG-35 SEAT RESTAU RESTROOM AND ONE MENSROOM. OF BLDG; 2ND FLR STORAGE AREA,	SEPARATE KITCH	EN AREA IN REAR OF FIRST FLOOR
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of	the same type for the	same premises now licensed;
2. the licensee has complied with		_
3. the premises are now open for	business (If not expla	ain below)
SIGNED BY: Individual, Partner	or Authorized Corpo	orate Officer
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	spector and the head	e certificate required by Chapter 304 of the d of the fire department for the above named required by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(II disappioved expiaiii)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 100600018		CITY OR TOW.	N QUINCI		
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME	: GRANITE RAIL	INC.				
DOING BUSINESS	S A GRANITE RAII	LTAVERN				
ADDRESS 16 COT	TAGE AVE.					
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02169		
	LVEY, TY RARD JOHN	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_	
DESCRIPTION OF	LICENSED PREM	ISES:				
2. the licens	see has complied wit	f the same type for the h all laws of the Comn r business (If not explanation)	nonwealth relating			_
SIGNED BY:	Individual, Partne	er or Authorized Corpo	rate Officer			
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT		
Acts of 2004, signe	ed by the building in	e in possession (1) the aspector and the head r liability insurance re	of the fire depa	rtment for the	above named	
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:	loin)					
(If disapproved expl	iaiii)					
			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600020	CITY OR TOWN QUI	NCY
APPLICATION FOR RENEWAL:	nnual LICENSED F	FOR 2013
C	LASS	YEAR
LICENSEE NAME: TULLY'S CAFE, INC.		
DOING BUSINESS A		
ADDRESS 24 COTTAGE AVE.		
CITY/TOWN: QUINCY STAT	E: MA ZIP CODE: 021	69
MANAGER: TULLY, MARK M. TYPE OF LIC	ENSE:Restaurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND E	TER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
ONE ROOM, TWO REST ROOMS, EMERGENC	Y EXIT AT REAR.	
I hereby certify and swear under penalties of perjury	that:	
1. the renewed license will be of the same t	pe for the same premises now licens	ed;
2. the licensee has complied with all laws o	the Commonwealth relating to taxes	s; and
3. the premises are now open for business (f not explain below)	
SIGNED BY:		
Individual, Partner or Author	zed Corporate Officer	
DATE: TELEPHONE NUMB	ER∙ EMPLOYER IDEN′	ΓΙΓΙCATION NUMBER:
1221101121101		Social Security Number)
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an		
license and (2) the certificate of liquor liability in		
Please Check Below:		
APPROVED:	LOCAL LICENSING A	AUTHORITY
DISAPPROVED:	By:	
(If disapproved explain)		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 100600021		CITY OR TOW	IN QUINCI	
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: CRONIN'S PUBI	LICK HOUSE, INC.			
DOING BUSINESS	S A CRONIN'S PUE	BLICK HOUSE			
ADDRESS 23 DES	MOINES ROAD				
CITY/TOWN: QU	JINCY	STATE: MA	ZIP CODE:	02169	
	ONIN, TY RGARET M.	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREM				
ONE FLOOR, FOU	R ROOMS AND A	BOILER ROOM ON	ONE FLOOR. N	O CELLAR	
•	swear under penaltie				
		f the same type for the			
2. the licen	see has complied wit	th all laws of the Com	monwealth relatir	ng to taxes; and	
3. the prem	ises are now open fo	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signe	ed by the building in	re in possession (1) the nspector and the head r liability insurance i	d of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

(CITY OR TOWN QUINCY	
Annual	LICENSED FOR 2	2013
CLASS		YEAR
JB		
STATE: MA	ZIP CODE: 02169	
PE OF LICENSE: Resta	urant CATEGORY:	All Alcohol
VEBSITE AND ENTER YOUR EMA	IL ADDRESS	
ISES:		
OOM EXPANDED BY J	OINING WITH THE ADJAC	CENT
es of perjury that:		
f the same type for the sa	me premises now licensed;	
h all laws of the Commo	nwealth relating to taxes; and	
r business (If not explain	below)	
er or Authorized Corpora	te Officer	
NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
nspector and the head o	of the fire department for the	e above named
	LOCAL LICENSING AUTH	IORITY
	By:	
	Annual CLASS STATE: MA TPE OF LICENSE: Resta WEBSITE AND ENTER YOUR EMAIL ISES: LDG WHICH IS USED A DOM EXPANDED BY JO ESQ FOOTAGE TO 238 es of perjury that: If the same type for the sa th all laws of the Commo or business (If not explain er or Authorized Corpora NE NUMBER: The in possession (1) the conspector and the head of the liability insurance requires.	STATE: MA ZIP CODE: 02169 PE OF LICENSE: Restaurant CATEGORY: WEBSITE AND ENTER YOUR EMAIL ADDRESS ISES: LDG WHICH IS USED AS A BARRROOM AND A COMMEXPANDED BY JOINING WITH THE ADJACE SQ FOOTAGE TO 2381 SQ FT. THE REAR ROOMES of perjury that: If the same type for the same premises now licensed; It all laws of the Commonwealth relating to taxes; and or business (If not explain below) Per or Authorized Corporate Officer EMPLOYER IDENTIFICA (Note: NOT Individual Social re in possession (1) the certificate required by Chapter 116 of the reliability insurance required by Chapter 116 of the LOCAL LICENSING AUTHORS.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	100600026		CITY OR TOV	WN QUINCI	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	NEIGHBORHOOD	CLUB OF QUINC	Y		
DOING BUSINESS A	A NEIGHBORHOOD	CLUB			
ADDRESS 27 GLEN	DALE RD.				
CITY/TOWN: QUIN	NCY	STATE: MA	ZIP CODE	2: 02169	
MANAGER: McGo	overn, Martin J TYPE	OF LICENSE: CI	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	JCENSED PREMISE	ES:			
STREET FLOOR, BA	ASEMENT; STORAC	GE IN BASEMEN	Γ		
I hereby certify and sv	wear under penalties o	f perjury that:			
1. the renewe	ed license will be of th	e same type for the	same premises	now licensed;	
2. the license	e has complied with a	ll laws of the Com	monwealth relati	ng to taxes; and	
3. the premise	es are now open for b	usiness (If not expl	ain below)		
SIGNED BY:					
SIGNED D1.	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEDIJONE	NIIIMDED.	EMPL(OYER IDENTIFICA	TION NUMBER:
	TELEPHONE	NUMBER:		$\underline{\Gamma}$ Individual Social	
	, attest that we are in				
license and (2) the co	by the building inspertificate of liquor lia				
Please Check Below:	•	·	_		
APPROVED:				ENSING AUTH	IORITT
DISAPPROVED:			By:		
(If disapproved explai	in)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600027		CITY OR TOWN	QUINCY
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 051-57 (A MALACHY'S			
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02169
MANAGER: HIG M.	GINS, STEVEN TYPE	E OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PEG CD IDMICIT OF	PLEASE ALSO VISIT OUR WEB		AIL ADDRESS	
	LICENSED PREMISE NO BACK DOORS, E LLAR		XIT STREET FLO	OR, 3 ROOMS,
2. the licens	yed license will be of the see has complied with a sees are now open for be Individual, Partner of	all laws of the Commusiness (If not expla	nonwealth relating to in below)	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	d by the building insp	ector and the head	of the fire departs	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600028		CITY OR TOWN QUI	NC I
APPLICATION FOR	RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	TUNG LUNG GARI	DEN INC.		
DOING BUSINESS	A TUNG GARDEN			
ADDRESS 1250 HA	NCOCK ST			
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE: 0210	59
MANAGER: KUA	NG, XIU LAN TYPE	OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
Ī	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISE	ES:		
LOUNGE AND DIN	ING AREA			
I hereby certify and s	wear under penalties o	f perjury that:		
1. the renewe	ed license will be of th	e same type for the	same premises now license	ed;
2. the license	e has complied with a	ll laws of the Comm	nonwealth relating to taxes	; and
3. the premis	ses are now open for b	usiness (If not expla	in below)	
SIGNED BY:	T 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.00	
	Individual, Partner o	r Authorized Corpo	rate Officer	
DATE.				
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDEN'I (Note: <u>NOT</u> Individual)	TIFICATION NUMBER:
			(Note: NOT marvidual)	Social Security Number)
We the undersigned	l, attest that we are i	n possession (1) the	e certificate required by (Chapter 304 of the
			of the fire department for	
ncense and (2) the c	ertificate of fiquor fi	admity insurance re	equired by Chapter 116 o	of the Acts of 2010.
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED:	·			
(If disapproved expla	in)			
DATE.				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 100600029		CITY OR T	OWN QUINCY	
APPLICATION FO	OR RENEWAL:	Annual	I	LICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: RIZZOTTI CO	ORP., THE			
DOING BUSINES	S A FOWLER HO	OUSE CAFE			
ADDRESS 1049-1	HANCOCK ST				
CITY/TOWN: Q	UINCY	STATE: MA	ZIP CO	DE: 02169	
	ZZOTTI, CHARD	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION O	F LICENSED PRE	EMISES:			
REAR OF PREMI SEATS AND WIL	SES AT 1049 HAI L BE ACCESIBLI	Y CREATION OF APPR NCOCK ST. OUTSIDE I E THROUGH MAIN RE DE MUSIC WILL BE PRO	DINING ARE STAURANT	A WILL CONSIST	Γ OF 25
I hereby certify and	d swear under pena	alties of perjury that:			
1. the rene	ewed license will be	e of the same type for the	same premise	es now licensed;	
2. the licer	nsee has complied	with all laws of the Comr	monwealth rel	ating to taxes; and	
3. the prer	nises are now open	n for business (If not explain	ain below)		
SIGNED BY:	Individual, Par	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPH	HONE NUMBER:		PLOYER IDENTIFICATION INDICATION	
Acts of 2004, sign	ned by the building	e are in possession (1) the g inspector and the head uor liability insurance r	d of the fire d	lepartment for the	above named
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	nloin)				
(11 disapproved exp	piaili)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600030		CITY OR TOWN QUINCY	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: BAILE LIAM COR	P.		
DOING BUSINESS A CLASH OF THE A	ASH		
ADDRESS 1465 HANCOCK STREET			
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02169	
MANAGER: CONNAUGHTON, TYPI BERNARD	E OF LICENSE: Res	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	MAIL ADDRESS	_
DESCRIPTION OF LICENSED PREMISE	ES:		
ONE FLOOR OF APPROX. 2200 S/F W/DINING ROOM FROM BAR AREA. KIT FRONT AND EMERGENCY EXIT AT R	CHEN IS SEPARA	TE ROOM. ENTRANCE/EXIT	
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	ne same type for the	same premises now licensed;	
2. the licensee has complied with a		•	
3. the premises are now open for b	ousiness (If not expla	ain below)	
SIGNED BY: Individual, Partner of	or Authorized Corpo	orate Officer	
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor li	pector and the head	d of the fire department for the	above named
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600032		CITY	OR TOWN	QUINCY	
APPLICATION FOR	RENEWAL:	Annua	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 111 HAN	A CATHAY PACIF					
CITY/TOWN: QUI		STATE:	MA 7	ZIP CODE:	02171	
MANAGER: CHU,		E OF LICENS			CATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WE				ZITLGORT.	All Alcohol
2. the license	H PARTIAL SECON ON SECOND FLOO	TD FLOOR; 9 R; PLUS CEL of perjury that he same type f all laws of the	LAR FOR S : : Cor the same Commonwe	TORAGE premises novealth relating	w licensed;	FIRST
SIGNED BY:	Individual, Partner	or Authorized	Corporate C	Officer		
DATE:	TELEPHONI	E NUMBER:			ER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	pector and th	e head of th	e fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LO By:		SING AUTHO	ORITY
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY LIC	CENSEES DURING	THE MONTH C	OF NOVEMBER (M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	JU6UUU33		CITY OR TO	WN QUINCI	
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: R DOING BUSINESS A ADDRESS 425 HANCO	SHENANNIGAN'S				
CITY/TOWN: QUINC	Y	STATE: MA	ZIP CODI	E: 02170	
MANAGER: ADAMS	ON, PAUL TYPE	OF LICENSE:Res	staurant	CATEGORY:	All Alcohol
DESCRIPTION OF LIC 2 FRONT ENTRANCE: KITCHEN; CELLAR FO I hereby certify and swea 1. the renewed l 2. the licensee h	SF,REAR ENTRAN OR STOCK AND F	S: NCE TO YARD. FIREFRIGERATION f perjury that: e same type for the ll laws of the Comm	RST FLR TWO	now licensed;	
SIGNED BY:	ndividual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed by license and (2) the cert	the building insp	ector and the head	l of the fire de _l	partment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600034		CITY OR I	OWN	QUINCI	
APPLICATION FOR	RENEWAL:	Annual]	LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	BEL-PRO, INC.					
DOING BUSINESS A	ALUMNI CAFE					
ADDRESS 706 HANG	COCK ST.					
CITY/TOWN: QUIN	CY	STATE: MA	ZIP CO	DE:	02169	
MANAGER: BELLO THOM		E OF LICENSE: Re	staurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF L	ICENSED PREMISE	ES:				
1913 S.F. ON FIRST	FLOOR					
I hereby certify and sw	•					
1. the renewed	d license will be of th	e same type for the	same premis	es now	licensed;	
2. the licensee	has complied with a	ll laws of the Com	monwealth re	lating to	o taxes; and	
3. the premise	es are now open for be	usiness (If not expl	ain below)			
SIGNED BY:						
	Individual, Partner o	r Authorized Corpo	orate Officer			
DATE:	TELEPHONE	NUMBER:	EM	PLOYER	RIDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: <u>I</u>	NOT Ind	lividual Social S	Security Number)
We the undersigned,	attact that we are i	n nossession (1) th	a cartificata	ragnir	ad by Chant	or 301 of the
Acts of 2004, signed						
license and (2) the ce	rtificate of liquor lia	ability insurance r	equired by (Chapte	r 116 of the	Acts of 2010.
Please Check Below:			LOCAL L	ICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	1)		-			
			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100)600035		CITY	OR TOWN	QUINCY	
APPLICATION FOR RE	NEWAL:	Annua	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: ES	TED, INC.					
DOING BUSINESS A P.	ADDY BARRY'S					
ADDRESS 1574 HANCO	OCK ST.					
CITY/TOWN: QUINCY	7	STATE:	MA ZII	P CODE:	02169	
MANAGER: HILL, DL	ANE TYPE	OF LICENS	SE:General on premise	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL ADDR	RESS		-
DESCRIPTION OF LICE						
STREET FLOOR, ONE I EXIT IN REAR	ROOM. CELLAR	FOR STORA	AGE. ONE EN	NTRANCE I	N FRONT, C	ONE
I hereby certify and swear	under penalties of	f perjury that	:			
1. the renewed lie	cense will be of the	e same type f	for the same pr	remises now	licensed;	
2. the licensee ha	as complied with al	l laws of the	Commonweal	lth relating to	o taxes; and	
3. the premises a	re now open for bu	isiness (If no	t explain belov	w)		
SIGNED BY:						
Inc	dividual, Partner or	Authorized	Corporate Off	ficer		
DATE:	TELEPHONE	NUMBER:				ION NUMBER:
			(1)	Note: <u>NOT</u> Ind	lividual Social So	ecurity Number)
We the undersigned, at	test that we are in	possession	(1) the certifi	cate require	ed by Chapte	er 304 of the
Acts of 2004, signed by	the building inspe	ector and th	e head of the	fire departı	ment for the	above named
license and (2) the certif	ficate of liquor lia	ibility insura	ance required	by Chapte	r 116 of the A	Acts of 2010.
Please Check Below:			LOC.	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [[[] (If disapproved explain)						
(11 disappioved expialit)						
DATE:						
APPLICATION FOR RENEWAL M	IUST BE FILED BY LICE	ENSEES DURING	THE MONTH OF	NOVEMBER (M	I.G.L. Ch. 138 \$ 16	iA)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100600037		CITY OR TOWN	QUINCY	
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1600 HA	A THE HOLY GRO				
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE:	02169	
MANAGER: O'DR	RISCOLL, LIAMTYP	E OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS E ON HANCOCK S'	ES:		RST FLOOR	
	IICH INCLUDES A I	HORSESHOE FOOI	SERVICE AREA	WITH STOC	DLS,
2. the license	ed license will be of the ee has complied with sees are now open for the sees are now open for t	all laws of the Comr	nonwealth relating t		
DATE:	TELEPHON	E NUMBER:			TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor l	pector and the head	l of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 100600038		CITY OR TOWN QUI	NCY
APPLICATION F	OR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: QUINCY EN	TERTAINING INC.		
DOING BUSINES	SS A REMICK'S			
ADDRESS 1657 I	HANCOCK ST.			
CITY/TOWN: Q	UINCY	STATE: MA	ZIP CODE: 021	69
	OLLINS, MOTHY	TYPE OF LICENSE: Re	estaurant CATEG	ORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION O	F LICENSED PR	EMISES:		
CONTAINING 70	SEATS, 17 TAB		30 STOOLS. DINING RO AIN ENTRANCE ON HAN URT	
I hereby certify and	d swear under pen	alties of perjury that:		
1. the rene	ewed license will l	be of the same type for the	e same premises now licens	sed;
2. the lice	nsee has complied	with all laws of the Com	monwealth relating to taxes	s; and
3. the pres	mises are now ope	n for business (If not exp	lain below)	
SIGNED BY:	Individual De	artner or Authorized Corp	porato Officar	
	marviduai, Fa	irtilei of Authorized Corp	orate Officer	
DATE:	TELED	HONE NUMBER	EMPLOYER IDEN	TIFICATION NUMBER:
	IELEP	HONE NUMBER:		Social Security Number)
				CT
_		_	ne certificate required by nd of the fire department f	_
	•	_	required by Chapter 116	
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	piain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600040		CITY OR TOWN QUIN	ICY
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: S.S.B. REALTY DOING BUSINESS A STATE STRE ADDRESS 1776 HERITAGE DR			
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 0216	9
MANAGER: PEHL, CAROL A. T	TYPE OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
DESCRIPTION OF LICENSED PREI 11 ROOMS, SECOND FLOOR; ONE	LOUNGE; 2 MAIN DI	NING ROOMS;DINING R	
CONFERENCE PROJECTION ROOM COURTYARD; STORAGE ON SECO			ANCES PLUS
I hereby certify and swear under penal- 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open SIGNED BY:	of the same type for the vith all laws of the Comm	nonwealth relating to taxes;	
	ner or Authorized Corpo	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liqu	inspector and the head	of the fire department fo	r the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AT By:	UTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100600041	C	TTY OR TOWN	QUINCY	
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 5 HOLL	A C C'S CLUB				
CITY/TOWN: QUI	INCY	STATE: MA	ZIP CODE:	02171	
	DERMOTT, TY	PE OF LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR EMAI	L ADDRESS		
	ENT BLDG; FINISH	SES: IED BASEMENT ARE. ANCE AND FIRE EXI			LLIS
	ses are now open for	a all laws of the Commo business (If not explain or or Authorized Corpora	below)	o taxes; and	
DATE:	TELEPHON	IE NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc	R IDENTIFICAT dividual Social So	
Acts of 2004, signed	d by the building in	e in possession (1) the c spector and the head o liability insurance req	f the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 100600042		CITY	OR TOWN	QUINCY	
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	SOUTH QUINCY	Y BOCCE CLUB				
DOING BUSINESS	A					
ADDRESS 00112R I	LIBERTY					
CITY/TOWN: QUI	NCY	STATE: MA	ZI	P CODE:	02169	
MANAGER: MAZ	E, STEPHEN TY	PE OF LICENSE: Clu	ıb	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDI	RESS		-
DESCRIPTION OF I	LICENSED PREM	ISES:				
ONE FLOOR; ONE	ROOM PLUS CEL	LAR USED FOR STO	ORAGE	OF LIQUO	RS	
I hereby certify and s	wear under penaltie	es of perjury that:				
1. the renew	ed license will be o	f the same type for the	same p	remises now	licensed;	
2. the license	ee has complied wit	th all laws of the Com	nonwea	lth relating t	o taxes; and	
3. the premis	ses are now open fo	or business (If not expl	ain belo	w)		
SIGNED BY:						
	Individual, Partne	er or Authorized Corp	orate Of	ficer		
DATE:	TELEPHO:	NE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
	-		(1	Note: NOT Inc	dividual Social S	ecurity Number)
		e in possession (1) the spector and the head				
		r liability insurance i				
Please Check Below:			LOC	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:			•			
(If disapproved expla	in)		====			
DATE						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600043		CITY OR TOWN QUINCY
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: PATNASINC.		
DOING BUSINESS A SOUTH SIDE TAY	VERN	
ADDRESS 073-75 LIBERTY ST.		
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02169
MANAGER: MANNING IV, TYPH JOHN	E OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PREMISE	ES:	
WOOD FRAMED BLDG SURROUNDED 1/3 OF LAND. BLDG HAS TWO ENTRA ENTRANCE		
I hereby certify and swear under penalties of	of perjury that:	
1. the renewed license will be of the	ne same type for the	same premises now licensed;
2. the licensee has complied with a	all laws of the Comm	nonwealth relating to taxes; and
3. the premises are now open for b	usiness (If not expla	in below)
SIGNED BY:		
Individual, Partner of	or Authorized Corpo	rate Officer
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building insp	ector and the head	certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 100600046		CITY OR TO	OWN QUINCY	
APPLICATIO	N FOR RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NA	AME: QUINCY POS	T #95 AMER.LEG.BLI	OG.ASSN.INC.		
DOING BUSI	NESS A				
ADDRESS 2 N	MECHANIC				
CITY/TOWN:	QUINCY	STATE: MA	ZIP COD	E: 02169	
MANAGER:	MAROBELLA, ALBERT	TYPE OF LICENSE: Ve	eterans club	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	N OF LICENSED PRE				
	;FIVE ROOMS, MEE	EN,MEMBER ROOM,O TING HALL, KITCHEI			
	premises are now open	with all laws of the Comfor business (If not expertment or Authorized Corp	lain below)	ting to taxes; and	
DATE:	TELEPH	IONE NUMBER:		LOYER IDENTIFICA DT Individual Social	
Acts of 2004,	signed by the building	are in possession (1) the ginspector and the head or liability insurance	d of the fire de	epartment for the	e above named
Please Check Belo			LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVI (If disapproved					
(22 disupproved					
DATE:					<u>—</u>



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 100600048		CITY	OR TOWN	QUINCY	
APPLICATION FOR	R RENEWAL:	Annual		LICEN	NSED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	ROBERT I. NICKER	SON POST# 382	2 INC.			
DOING BUSINESS	A					
ADDRESS 20 MOO	N ISLAND RD.					
CITY/TOWN: QUI	NCY	STATE: MA	ZII	P CODE:	02171	
MANAGER: DOH	ERTY, JAMES TYPE	OF LICENSE: V	eterans cl	ub C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDR	RESS		
DESCRIPTION OF	LICENSED PREMISES	S:				
EXITS ON MOON I	WITH MAIN ENTRA SLAND RD; TWO EX ;OFFICERS ROOM;MI	ITS IN REAR O	F THE B	LDG AND	ONE SIDE E	XIT.
I hereby certify and s	wear under penalties of	perjury that:				
1. the renew	ed license will be of the	same type for th	e same pi	remises nov	v licensed;	
2. the license	ee has complied with all	laws of the Con	nmonweal	th relating	to taxes; and	
3. the premis	ses are now open for bu	siness (If not exp	lain belo	w)		
SIGNED BY:	Individual, Partner or	Authorized Corp	oorate Off	ficer		
DATE:	TELEPHONE I	NUMBER:	1)		ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in d by the building inspe certificate of liquor lia	ctor and the hea	ad of the	fire depar	tment for the	above named
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	:.)					
(If disapproved expla	un)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600050		CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS MOUNT	SA	ACHT CLUB			
CITY/TOWN: QU		STATE: MA	ZIP CODE:	02160	
MANAGER: GAI		PE OF LICENSE: Clu			All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	ISES:			
6 ROOMS, NO CEI COAT ROOM	LLAR; MAIN HALL	L; GALLEY;BAR, CO	MMODORE' ROON	1;STORAGE	E SPACE;
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renev	ved license will be of	f the same type for the	same premises now	licensed;	
2. the licens	see has complied wit	h all laws of the Comn	nonwealth relating to	taxes; and	
3. the prem	ises are now open for	r business (If not expla	in below)		
SIGNED BY:	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TEL EDITO	AVE AVE OPER	EMDI OVED	IDENTIFICAT	TON NUMBER:
DITE.	TELEPHO	NE NUMBER:	(Note: NOT Indi		
Acts of 2004, signe	ed by the building ir	re in possession (1) the aspector and the head r liability insurance re	of the fire departn	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [] (If disapproved expl	oin)				
(11 disappioved expi	(diii)				
DATE.			-		
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.	.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600051	•	CITY OR TOWN QUINCT
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: JET EIGHT	GROUP LLC	
DOING BUSINESS A THE CHIN	NA RESTAURANT & SPOR	TS BAR
ADDRESS 681 HANCOCK STRE	EET	
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02170
MANAGER: CHEN, JUDY	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED P	REMISES:	
ONE STORY BLDG WITH BASE	EMENT, KITCHEN AND DI	NING ROOM
I hereby certify and swear under pe	enalties of perjury that:	
1. the renewed license wil	l be of the same type for the same	ame premises now licensed;
2. the licensee has complied	ed with all laws of the Commo	onwealth relating to taxes; and
3. the premises are now op	en for business (If not explain	n below)
SIGNED BY:	Partner or Authorized Corpora	oto Officer
marviduai, i	rarmer of Authorized Corpora	die Officer
DATE:		
TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		(Note: NOT individual Social Security Number)
		certificate required by Chapter 304 of the
		of the fire department for the above named
license and (2) the certificate of	iquor hability insurance rec	quired by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100600052		CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 183 NEV	A	ODS INC.			
CITY/TOWN: QUI	INCY	STATE: MA	ZIP CODE:	02170	
MANAGER: GOO NAN	DDWIN, TYI NCY CAROLYN	PE OF LICENSE:Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
WAITING AREA, I HANDICAPPED BA		CHEN,BAR,WORK	ROOM, BATHROC	JM AND	
	ee has complied with ses are now open for Individual, Partner		lain below)	o taxes; and	
DATE:	TELEPHON	IE NUMBER:		R IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building in certificate of liquor	spector and the hea	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600053	CI	IYOR IOWN QUINCI	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	13
	CLASS		YEAR
LICENSEE NAME: FURNACE BRO	OK GOLF CLUB, INC.		
DOING BUSINESS A FURNACE BR	OOK GOLF CLUB		
ADDRESS OFF SUMMIT AVE.			
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02170	
MANAGER: OGAR, DAVID T	YPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
BASEMENT; LOCKER ROOM AND KITCHEN. 2ND FLR; LOCKER ROO		OR; FUNCTION HALL, BAR	AND
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be o	of the same type for the same	ne premises now licensed;	
2. the licensee has complied wi		-	
3. the premises are now open for	or business (If not explain	below)	
SIGNED BY:			
Individual, Partn	er or Authorized Corporate	e Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: <u>NOT</u> Individual Social So	ecurity Number)
We the undersigned, attest that we a Acts of 2004, signed by the building i license and (2) the certificate of liquo	inspector and the head of	the fire department for the	above named
Please Check Below:	I	LOCAL LICENSING AUTHO	ORITY
APPROVED:	I	Зу:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600054	(CITY OR TOWN QUINCY
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: LE DISCO IN DOING BUSINESS A COMMON ADDRESS 79 PARKINGWAY	NC.	
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02169
MANAGER: O'Malley, Austin	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
DESCRIPTION OF LICENSED PR 1ST FLOOR BAR, LOUNGE, CAF	E AND BASEMENT FOR S ITIONAL SEATS AREA AI	STORAGE AND OFFICES. DJACENT TO THE FIRST FLOOR;
2. the licensee has complied 3. the premises are now ope SIGNED BY:	be of the same type for the sad with all laws of the Commo en for business (If not explain artner or Authorized Corpora	onwealth relating to taxes; and n below)
We the undersigned, attest that w		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above named
	quor liability insurance req	quired by Chapter 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600055		CITY OR TOWN QUINCT
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: QUINCY L DOING BUSINESS A	ODGE #1295 SONS OF IT.	ALY IN AMERICA
ADDRESS 120 QUARRY ST.		
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02169
MANAGER: Bertoni, Dennis	TYPE OF LICENSE: Clu	b CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VIS DESCRIPTION OF LICENSED F	IT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
BRIDESROOM, ONE MENS AN I hereby certify and swear under p 1. the renewed license wil 2. the licensee has compli	ID ONE LADIES ROOM OF enalties of perjury that: If be of the same type for the	same premises now licensed; monwealth relating to taxes; and
SIGNED BY: Individual,	Partner or Authorized Corpo	orate Officer
DATE: TELH	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ding inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above named required by Chapter 116 of the Acts of 2010.
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY By:
DISAPPROVED: [[[] (If disapproved explain)		
DATE:		
APPLICATION FOR RENEWAL MUST BE FII	LED BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 100600056		CITY OR TO	WN QUINCI	
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: SQUANTUM	YACHT CLUB			
DOING BUSINESS	S A				
ADDRESS 646 QU	UNCY SHORE D	OR.			
CITY/TOWN: QU	JINCY	STATE: MA	ZIP CODE	E: 02171	
MANAGER: CAG	CAVIO, NNARO J	TYPE OF LICENSE: CI	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PR	EMISES:			
TWO FLOORS, FILE		UNGE AND TAPROOM AR	1; 2ND FLR; FU	NCTION HALL	. ONE
I hereby certify and	swear under pena	alties of perjury that:			
1. the renev	wed license will b	be of the same type for the	e same premises	now licensed;	
2. the licen	see has complied	with all laws of the Com	monwealth relati	ing to taxes; and	
3. the prem	nises are now oper	n for business (If not exp	lain below)		
SIGNED BY:					
BIGIVED B1.	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLO	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO	$\underline{\Gamma}$ Individual Social S	Security Number)
Acts of 2004, signe	ed by the buildin	e are in possession (1) the ng inspector and the hea quor liability insurance	d of the fire dep	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	laın)		-		
DATE:					
APPLICATION FOR RENE	EWAL MUST BE FILED	BY LICENSEES DURING THE M	MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600057	(CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	WOLLASTON YAC	CHT CLUB			
DOING BUSINESS	Α				
ADDRESS 692 QU	INCY SHORE DR.				
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02169	
MANAGER: GAN	MSBY, DAVID TYPE	E OF LICENSE: Club	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMA	AIL ADDRESS		
	LICENSED PREMISE				
	BHOUSE; KITCHEN A		ORIES		
•	swear under penalties o			1. 1	
	ved license will be of th		=		
	see has complied with a		_	o taxes; and	
3. the premi	ises are now open for b	usiness (ii not expiai	n below)		
SIGNED BY:	Individual, Partner of	or Authorized Corpor	ate Officer		
DATE:	TELEPHONE	NUMBER	EMPLOYER	R IDENTIFICAT	ION NUMBER:
	TEEE TOTAL	THOMBEN.	(Note: NOT Ind	lividual Social S	ecurity Number)
*** 41 1 .	1 44 44 44 44 44 44 44 44 44 44 44 44 44	. (1) (1	, · p .	11 61 4	204 641
Acts of 2004, signe	ed, attest that we are in d by the building insp certificate of liquor li	ector and the head	of the fire depart	ment for the	above named
Please Check Below:	•	·	LOCAL LICENS		
APPROVED:			By:	onio Autri	JKIT I
DISAPPROVED:			2,		
(If disapproved expl	ain)		-		
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600058		CITY OR TOWN	QUINCY	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: BOULEVARD HAVE	EN, INC.			
DOING BUSINESS A BEACHCOMBER				
ADDRESS 797 QUINCY SHORE DR.				
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02169	
MANAGER: MCGETTRICK, TYPE JAMES P.	OF LICENSE: Rest	aurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES	S:			
ONE ROOM, KITCHEN FIRST FLOOR, C ROOM, ONE MENS ROOM. BAR WITH S ENTRANCE AND EXIT FOR DELIVERIE	STOOLS AND HAT			ES
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	same type for the s	same premises now	licensed;	
2. the licensee has complied with all		_	o taxes; and	
3. the premises are now open for but	siness (If not explai	in below)		
SIGNED BY: Individual, Partner or	Authorized Corpor	rate Officer		
DATE: TELEDIJONE N		EMDL OVE		ONLAHIMBED
DATE: TELEPHONE I	NUMBER:		R IDENTIFICATI dividual Social Se	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor liab	ctor and the head	of the fire depart	ment for the	above named
Please Check Below:		LOCAL LICENS	SING AUTHO	RITY
APPROVED:		By:		
(11 disapproved explain)		-		
		-		
DATE:				
APPROVED: DISAPPROVED: (If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100600062		CITY OR TOWN	QUINCY	
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	ISED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 211 SEA	A GRUMPY WHIT	INC.			
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE:	02169	
MANAGER: WHI	TE, ROBERT S.TYI	PE OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS: DESCRIPTION OF	PLEASE ALSO VISIT OUR WI		EMAIL ADDRESS		
182 SEATS 2 HANI IN THE DINING RO REAR.					
2. the license	wear under penalties ed license will be of ee has complied with ses are now open for	the same type for the all laws of the Con	nmonwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the	d by the building ins	spector and the hea	nd of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 100600063		CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 400 SEA	A THE HOFBRAU				
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02169	
MANAGER: NOV MIC	/AK, TYPE HAEL H	OF LICENSE:R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMISE				
	KITCHEN ON FIRST I EXITS , CELLAR FO			EXITS, 2 RI	EAR
 the renew the licens 	swear under penalties of yed license will be of the see has complied with a ses are now open for bu	e same type for the laws of the Cor	nmonwealth relating		
SIGNED BY:	Individual, Partner or	r Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT dividual Social So	
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor lia	ector and the he	ad of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)		LOCAL LICEN By:	SING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600064		CITY OR TOWN	QUINCY
APPLICATION FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: BERNARDO FOOI	O CORP.		
DOING BUSINESS A MANET LUNCH			
ADDRESS 1099 SEA ST.			
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02169
MANAGER: TASSELL, TYPE BERNARD VAN JR.	E OF LICENSE:Re	estaurant CAT	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR I	CMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
2 STORY STRUCTURE WITH FULL BAWITH BASEMENT ACCESS AND AN ETENANTS			
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the	e same premises now li	censed;
2. the licensee has complied with		ě	axes; and
3. the premises are now open for b	ousiness (If not exp	lain below)	
SIGNED BY: Individual, Partner	or Authorized Corp	orate Officer	
DATE: TELEPHONE	E NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
We the undersigned, attest that we are a Acts of 2004, signed by the building insplicense and (2) the certificate of liquor liquor	pector and the hea	d of the fire departme	ent for the above named
Please Check Below:		LOCAL LICENSIN	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY BLDG WITH BASEMENT; KITCHEN WITH 2 DINING ROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: LOCAL LICENSING AUTHORITY By: DISAPPROVED: GIf disapproved explain)	LICENSE NU	MBER: 100600065		CITY OR TOWN	QUINCY	
LICENSEE NAME: LOUIS ON SEA STREET INC. DOING BUSINESS A LOUIS ADDRESS 1269 SEA ST. CITY/TOWN: QUINCY STATE: MA ZIP CODE: 02169 MANAGER: GALLIGAN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol ROBERT E. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY BLDG WITH BASEMENT; KITCHEN WITH 2 DINING ROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UICH disapproved explain)	APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
DOING BUSINESS A LOUIS ADDRESS 1269 SEA ST. CITY/TOWN: QUINCY STATE: MA ZIP CODE: 02169 MANAGER: GALLIGAN, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol ROBERT E. EMAIL ADDRESS: PLEASE ALSO VINT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY BLOG WITH BASEMENT; KITCHEN WITH 2 DINING ROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: BY: LOCAL LICENSING AUTHORITY BY: UNDERSTREAM A ZIP CODE: 02169 CATEGORY: All Alcohol Restaurant CATEGORY: All Alcohol Restauran			CLASS			YEAR
ADDRESS 1269 SEA ST. CITY/TOWN: QUINCY STATE: MA ZIP CODE: 02169 MANAGER: GALLIGAN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol ROBERT E. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WERSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY BLDG WITH BASEMENT; KITCHEN WITH 2 DINING ROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: [If disapproved explain)	LICENSEE NA	AME: LOUIS ON S	EA STREET INC.			
CITY/TOWN: QUINCY STATE: MA ZIP CODE: 02169 MANAGER: GALLIGAN, ROBERT E. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY BLDG WITH BASEMENT; KITCHEN WITH 2 DINING ROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: UIT DISAPPROVED: UIT DISAPPROVED: UIT DISAPPROVED: UIT UI	DOING BUSI	NESS A LOUIS				
MANAGER: GALLIGAN, ROBERT E. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY BLDG WITH BASEMENT; KITCHEN WITH 2 DINING ROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: UIT DISA	ADDRESS 12	69 SEA ST.				
ROBERT E. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE STORY BLDG WITH BASEMENT; KITCHEN WITH 2 DINING ROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: LOCAL LICENSING AUTHORITY By: DISAPPROVED: [] (If disapproved explain)	CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE:	02169	
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APPROVED: By: DISAPPROVED: U (If disapproved explain)	Acts of 2004,	signed by the buildi	ng inspector and the hea	d of the fire depart	ment for the	above named
DISAPPROVED:	Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHO	ORITY
(If disapproved explain)				By:		
DATE	(If disapproved	l explain)				
DATE				-		
DATE:	DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600066		CI	TY OR TOW	N QUINCY	
APPLICATION FOR	R RENEWAL:	Annu	al	LICE	NSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME:	QUINCY YACH	T CLUB INC.				
DOING BUSINESS	A QUINCY YACI	HT CLUB				
ADDRESS 1310 SEA	A ST.					
CITY/TOWN: QUI	NCY	STATE:	MA	ZIP CODE:	02169	
MANAGER: RYA	N, JAMES TY	YPE OF LICEN	SE:Club	1	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
:	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL .	ADDRESS		
DESCRIPTION OF I						
ONE ENTRANCE O						
BEACH. TWO FLOOR H				EC KOOM A	ND GAME KO	OWI)
I hereby certify and s	wear under penaltic	es of perjury tha	t:			
1. the renew	ed license will be o	f the same type	for the sam	ne premises no	w licensed;	
2. the license	ee has complied wit	th all laws of the	Common	wealth relating	to taxes; and	
3. the premis	ses are now open for	or business (If no	ot explain b	pelow)		
SIGNED BY:	Individual, Partne	or or Authorizad	Cornorata	Officer		
	marviduai, Faring	of Authorized	Corporate	Officer		
DATE:	TELEDIA	NE NUMBER.		FMPI OY	ER IDENTIFICAT	ION NUMBER:
	TELEPHO	NE NUMBER:			Individual Social S	
						·
We the undersigned Acts of 2004, signed						
license and (2) the c	•	-		-		
Please Check Below:			L	OCAL LICEN	NSING AUTHO	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved expla	in)		=			
			_			
DATE.			_			
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600068		CITY OR TOWN	N QUINCI	
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:					
DOING BUSINESS A		ACE			
ADDRESS 105 SEA S	TREET				
CITY/TOWN: QUIN	CY	STATE: MA	ZIP CODE:	02169	
MANAGER: CHOI, YIP	GUAI KING TYPE	E OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	ES:			
LOUNGE, DINING RO	OOM AND KITCH	EN			
I hereby certify and sw	ear under penalties o	of perjury that:			
	l license will be of th	* -	-		
	has complied with a			to taxes; and	
3. the premise:	s are now open for b	usiness (If not expla	ain below)		
SIGNED BY:					
	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed b					
license and (2) the cer					
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:]		·		
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600070		CITY OR TOWN	QUINCY	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: PETE'S GRILLE,	INC.			
DOING BUSINESS	S A				
ADDRESS 540 SO	UTH ST.				
CITY/TOWN: QU	UNCY	STATE: MA	ZIP CODE:	02169	
MANAGER: GA	NGI, LOUIS P. TY	PE OF LICENSE: Ro	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
ADDITIONAL 21	SEATS IN PATIO A	T 540 REAR SOUT	H STREET		
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	wed license will be of	the same type for th	e same premises now	licensed;	
2. the licen	see has complied with	h all laws of the Com	monwealth relating t	o taxes; and	
3. the prem	nises are now open for	r business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
	-		(Note: NOT Inc	lividual Social S	ecurity Number)
	ed, attest that we are ed by the building in				
	certificate of liquor				
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:			,		
(If disapproved exp	lain)				
D					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600075		CITY OR TOW	/N QUINCY	
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	JENARD INC.				
DOING BUSINESS	A PRESIDENTIAL	L PUB			
ADDRESS 29 TEM	IPLE STREET				
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02169	
MANAGER: RYAD.	AN, WILLIAM TY	PE OF LICENSE: Ger pred	neral on mise	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AAIL ADDRESS		
	LICENSED PREMI				
		STORAGE TOGETI REAR EXIT TO PARI		ADIES AND M	ENS
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	ved license will be of	the same type for the	same premises n	ow licensed;	
2. the licens	see has complied with	n all laws of the Comn	nonwealth relatir	ng to taxes; and	
3. the prem	ises are now open for	business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICA	
			(Note: NOT	Individual Social S	Security Number)
		e in possession (1) the spector and the head			
		liability insurance re			
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
					
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY I	ICENSEES DURING THE MO	ONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

ADDRESS 314 VICTORY RD CITY/TOWN: QUINCY STATE: MA ZIP CODE: 02170 MANAGER: HENRIKSEN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcof KRISTIE EMAIL ADDRESS: FYLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IST FLR WILL CONSIST OF BAR AND LOUNGE AREA, KITCHEN AND STORAGE AREA, FRONT AND BACK ENTRANCE, HANDICAPPED RESTROOMS AND OUTSIDE PATIO. 2ND FLR CONSISTS OF ONE ROOM WITH BAR AND LOUNGE AREA, HANDICAPPED RESTROOMS AND STORAGE CAPACITY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of t Acts of 2004, signed by the building inspector and the head of the fire department for the above nar license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 200 Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: STATE: MA ZIP CODE: CATEGORY: All Alcof CATEGORY: All Alco	LICENSE NUMBER: 100600077		CITY OR TOWN QUINCY	
LICENSEE NAME: PORT 305 INC. DOING BUSINESS A ADDRESS 314 VICTORY RD CITY/TOWN: QUINCY STATE: MA ZIP CODE: 02170 MANAGER: HENRIKSEN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcol KRISTIE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IST FLR WILL CONSIST OF BAR AND LOUNGE AREA, KITCHEN AND STORAGE AREA, FRONT AND BACK ENTRANCE, HANDICAPPED RESTROOMS AND OUTSIDE PATIO. 2ND FLR CONSISTS OF ONE ROOM WITH BAR AND LOUNGE AREA, HANDICAPPED RESTROOMS AND STORAGE CAPACITY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of t Acts of 2004, signed by the building inspector and the head of the fire department for the above nar license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 20. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:	APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
DOING BUSINESS A ADDRESS 314 VICTORY RD CITY/TOWN: QUINCY STATE: MA ZIP CODE: 02170 MANAGER: HENRIKSEN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcoh KRISTIE EMAIL ADDRESS: PLEASE ALSO VINIT OUR WEBSTIE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IST FLR WILL CONSIST OF BAR AND LOUNGE AREA, KITCHEN AND STORAGE AREA, FRONT AND BACK ENTRANCE, HANDICAPPED RESTROOMS AND OUTSIDE PATIO. 2ND FLR CONSISTS OF ONE ROOM WITH BAR AND LOUNGE AREA, HANDICAPPED RESTROOMS AND STORAGE CAPACITY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of t Acts of 2004, signed by the building inspector and the head of the fire department for the above nar license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 20. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: DISAPPROVED:		CLASS		YEAR
MANAGER: HENRIKSEN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcol KRISTIE EMAIL ADDRESS: PLASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IST FLR WILL CONSIST OF BAR AND LOUNGE AREA, KITCHEN AND STORAGE AREA, FRONT AND BACK ENTRANCE, HANDICAPPED RESTROOMS AND OUTSIDE PATIO. 2ND FLR CONSISTS OF ONE ROOM WITH BAR AND LOUNGE AREA, HANDICAPPED RESTROOMS AND STORAGE CAPACITY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBI (Note: NOT Individual Social Security Numb We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of t Acts of 2004, signed by the building inspector and the head of the fire department for the above nar license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 20 Please Check Below: LOCAL LICENSING AUTHORITY By:	LICENSEE NAME: PORT 305 I	NC.		
CITY/TOWN: QUINCY STATE: MA ZIP CODE: 02170 MANAGER: HENRIKSEN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcoh KRISTIE EMAIL ADDRESS: PILESE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IST FLR WILL CONSIST OF BAR AND LOUNGE AREA, KITCHEN AND STORAGE AREA, FRONT AND BACK ENTRANCE, HANDICAPPED RESTROOMS AND OUTSIDE PATIO. 2ND FLR CONSISTS OF ONE ROOM WITH BAR AND LOUNGE AREA, HANDICAPPED RESTROOMS AND STORAGE CAPACITY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above narlicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 200 Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	DOING BUSINESS A			
MANAGER: HENRIKSEN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcoh KRISTIE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IST FLR WILL CONSIST OF BAR AND LOUNGE AREA, KITCHEN AND STORAGE AREA, FRONT AND BACK ENTRANCE, HANDICAPPED RESTROOMS AND OUTSIDE PATIO. 2ND FLR CONSISTS OF ONE ROOM WITH BAR AND LOUNGE AREA, HANDICAPPED RESTROOMS AND STORAGE CAPACITY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBIR (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above nar license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2008 (Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: DISAPPROVED:	ADDRESS 314 VICTORY RD			
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IST FLR WILL CONSIST OF BAR AND LOUNGE AREA, KITCHEN AND STORAGE AREA, FRONT AND BACK ENTRANCE, HANDICAPPED RESTROOMS AND OUTSIDE PATIO. 2ND FLR CONSISTS OF ONE ROOM WITH BAR AND LOUNGE AREA, HANDICAPPED RESTROOMS AND STORAGE CAPACITY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBI (Note: NOT Individual Social Security Numbles) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above nar license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2009 (Please Check Below): LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:	CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02170	
DESCRIPTION OF LICENSED PREMISES: 1ST FLR WILL CONSIST OF BAR AND LOUNGE AREA, KITCHEN AND STORAGE AREA, FRONT AND BACK ENTRANCE, HANDICAPPED RESTROOMS AND OUTSIDE PATIO. 2ND FLR CONSISTS OF ONE ROOM WITH BAR AND LOUNGE AREA, HANDICAPPED RESTROOMS AND STORAGE CAPACITY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBING (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above nar license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 200 (Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:		TYPE OF LICENSE: Re	estaurant CATEGORY	: All Alcohol
DESCRIPTION OF LICENSED PREMISES: IST FLR WILL CONSIST OF BAR AND LOUNGE AREA, KITCHEN AND STORAGE AREA, FRONT AND BACK ENTRANCE, HANDICAPPED RESTROOMS AND OUTSIDE PATIO. 2ND FLR CONSISTS OF ONE ROOM WITH BAR AND LOUNGE AREA, HANDICAPPED RESTROOMS AND STORAGE CAPACITY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBI (Note: NOT Individual Social Security N	EMAIL ADDRESS:			
IST FLR WILL CONSIST OF BAR AND LOUNGE AREA, KITCHEN AND STORAGE AREA, FRONT AND BACK ENTRANCE, HANDICAPPED RESTROOMS AND OUTSIDE PATIO. 2ND FLR CONSISTS OF ONE ROOM WITH BAR AND LOUNGE AREA, HANDICAPPED RESTROOMS AND STORAGE CAPACITY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBI (Note: NOT Individual Social Security Numbi (Note: NOT Individual Social S	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
FRONT AND BACK ENTRANCE, HANDICAPPED RESTROOMS AND OUTSIDE PATIO. 2ND FLR CONSISTS OF ONE ROOM WITH BAR AND LOUNGE AREA, HANDICAPPED RESTROOMS AND STORAGE CAPACITY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBI (Note: NOT Individual Social Security Numb We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above nam license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED:	DESCRIPTION OF LICENSED P	REMISES:		
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above narlicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: DISAPPROVED: By: DISAPPROVED:	FRONT AND BACK ENTRANCE FLR CONSISTS OF ONE ROOM	E, HANDICAPPED REST WITH BAR AND LOUN	ROOMS AND OUTSIDE PATI	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBINATE (Note: NOT Individual Social Security Numbinates) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above narlicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: DISAPPROVED: DISAPPROVED:	I hereby certify and swear under pe	nalties of perjury that:		
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above narlicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:	1. the renewed license will	be of the same type for the	e same premises now licensed;	
SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above narlicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED:	•			I
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: NOT Individual Social Security Numbers (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above narlicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2009 Please Check Below: APPROVED: LOCAL LICENSING AUTHORITY By: DISAPPROVED: BY:	3. the premises are now op	en for business (If not exp	lain below)	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: NOT Individual Social Security Numbers (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above narlicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2009 Please Check Below: APPROVED: LOCAL LICENSING AUTHORITY By: DISAPPROVED: BY:	SIGNED RV:			
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above nar license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: LOCAL LICENSING AUTHORITY		Partner or Authorized Corp	orate Officer	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above nar license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: LOCAL LICENSING AUTHORITY				
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above narlicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2000 Please Check Below: APPROVED: By: DISAPPROVED:	DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
Acts of 2004, signed by the building inspector and the head of the fire department for the above nar license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2000 Please Check Below: APPROVED: DISAPPROVED: By:	TEBE	THOUSE THE MEDICAL	(Note: NOT Individual Social	Security Number)
APPROVED: By: DISAPPROVED: By:	Acts of 2004, signed by the build	ing inspector and the hea	d of the fire department for th	e above named
DISAPPROVED:			LOCAL LICENSING AUTI	HORITY
			By:	
(II disapproved explain)				
	(11 disappioved expiaiii)			
DATE:	DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600081		CITY OR TOWN	QUINCY	
APPLICATION FOR RENEWAL	: Annual	LICEN	SED FOR 2013	
	CLASS		YE	AR
LICENSEE NAME: The Chantey	1			
DOING BUSINESS A The Chante	ey			
ADDRESS 333 VICTORY ROAD)			
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02171	
MANAGER: MORASH, GAIL I	M. TYPE OF LICENSE: Res	taurant CA	ATEGORY: Al	l Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED P				
DINING ROOM WITH ADJOINI PATRONS SEATED AT TABLE	NG KITCHEN AND STOR.	AGE; SEATING CA	APACITY 82	
I hereby certify and swear under pe	enalties of perjury that:			
1. the renewed license will	l be of the same type for the	same premises now	licensed;	
2. the licensee has complied	ed with all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now or	en for business (If not expla	in below)		
SIGNED BY:				
Individual, l	Partner or Authorized Corpo	rate Officer		
DATE:		EMPLOWED		NH II ADED
TELE	PHONE NUMBER:		R IDENTIFICATION ividual Social Securi	
		(Tridual Boolas Boolas	ing Trainioer)
We the undersigned, attest that Acts of 2004, signed by the build				
license and (2) the certificate of				
Please Check Below:		LOCAL LICENS	ING AUTHORI	TY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:		-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3ER: 100600082		CITY OR	RTOWN	QUINCY	
APPLICATION I	FOR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
DOING BUSINE	ME: REDBERRY RES SSS A PIZZA HUT WASHINGTON ST	TO BRANDS INT'L	INC.			
CITY/TOWN: (QUINCY	STATE: MA	ZIP C	CODE:	02169	
MANAGER: H	ENRY, PATSY R. TY	PE OF LICENSE:Re	staurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:]
		EBSITE AND ENTER YOUR E	MAIL ADDRESS	S		_
	OF LICENSED PREMI					
	EE STANDING BRICE WO RESTROOMS. EN					
	ensee has complied with emises are now open for Individual, Partner		ain below)		o taxes, and	
DATE:	TELEPHON	IE NUMBER:				CION NUMBER: ecurity Number)
Acts of 2004, sig	gned, attest that we are gned by the building in he certificate of liquor	spector and the head	l of the fir	e depart	ment for the	above named
Please Check Below:			LOCAL	LICEN	SING AUTH	ORITY
APPROVED: DISAPPROVED (If disapproved ex			Ву:			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600083		CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAF	₹
LICENSEE NAME: DOING BUSINESS ADDRESS 35 WAS	A MARI'S PLACE	ī			
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02169	
MANAGER: SAN MAI		TPE OF LICENSE: Rest	caurant CA	ATEGORY: All A	Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF					
AND RESTROOMS		EXIT IN REAR OF BI D FOR STORAGE	LDG. FIRST FLOC	OR WITH KITCHE	N
2. the licens	ved license will be or see has complied wit	es of perjury that: If the same type for the s If all laws of the Comm If business (If not explain	onwealth relating to		
SIGNED BY:	Individual, Partne	er or Authorized Corpor	rate Officer		
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NU	
Acts of 2004, signe	d by the building in	e in possession (1) the aspector and the head r liability insurance re	of the fire departs	ment for the above	named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100600084		CITY OR TOWN	QUINCY	
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 214 WA	A CAGNEY'S				
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE:	02169	
MANAGER: DIBO	ONA, MARK C. TYP	E OF LICENSE:Res	taurant Ca	ATEGORY:	All Alcohol
DESCRIPTION OF 214-216 WASHING	PLEASE ALSO VISIT OUR WE LICENSED PREMIS TON ST., SINGLE L ON ST. AND BACK	ES: EVEL ESTABLISH	MENT WITH FRO		NCE
 the renew the licens 	swear under penalties red license will be of the has complied with ses are now open for the ses	he same type for the all laws of the Comm	nonwealth relating to in below)		
Acts of 2004, signed	TELEPHONI d, attest that we are d by the building ins	in possession (1) the pector and the head	(Note: NOT Indecember of the fire departs	ividual Social So ed by Chapto nent for the	er 304 of the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	certificate of liquor l	iability insurance re	LOCAL LICENS By:		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	0000085		CITY OR TOW	N QUINCI	
APPLICATION FOR RE	ENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: TO DOING BUSINESS A TADDRESS 252 WASHI	TORRE DEI PASSE		INC.		
CITY/TOWN: QUINC		STATE: MA	ZIP CODE:	02169	
MANAGER: PUOPOI				CATEGORY:	All Alcohol
EMAIL ADDRESS: PLEA DESCRIPTION OF LIC 2 FLOORS AND BASE	SE ALSO VISIT OUR WEBSI ENSED PREMISES MENT FOR STORA	TE AND ENTER YOUR EMA : AGE; FIRST FLOC	AIL ADDRESS DR BAR AND C		
TOILETS, KITCHEN A I hereby certify and swea			R, THREE ROO	MS AND BATI	H
	icense will be of the		same premises no	ow licensed;	
	as complied with all are now open for bus			g to taxes; and	
SIGNED BY:	dividual, Partner or	Authorized Corpor	ate Officer		
DATE:	TELEPHONE N	IUMBER:		YER IDENTIFICAT Individual Social S	
We the undersigned, at Acts of 2004, signed by license and (2) the cert	the building inspec	tor and the head	of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	NSING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600086		CITY OR TOWN	QUINCY	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 375 WAS	SHINGTON ST.				
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE:	02169	
	HRANE, TYPE ARD T.	OF LICENSE:Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		1
DESCRIPTION OF I	LICENSED PREMISE	S:			
TWO ROOMS ON F	TIRST FLOOR; CELLA	AR USED FOR ST	ΓORAGE		
I hereby certify and s	wear under penalties of	perjury that:			
1. the renewe	ed license will be of the	same type for the	e same premises now	licensed;	
2. the license	ee has complied with al	l laws of the Com	monwealth relating t	o taxes; and	
3. the premis	ses are now open for bu	siness (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	lividual Social So	ecurity Number)
	l, attest that we are in I by the building inspe				
	ertificate of liquor lia				
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:	71107107110	JIGI 1
DISAPPROVED:			23.		
(If disapproved expla	in)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: IC	0000088		CITY OR TOV	WN QUINCI	
APPLICATION FOR RI	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: GOODING BUSINESS A NADDRESS 536 WASHI	YESTERDAYS	N HOSPITALITY	INC.		
CITY/TOWN: QUINC		STATE: MA	ZIP CODE	:: 02169	
MANAGER: RICUPE				CATEGORY:	All Alcohol
DESCRIPTION OF LIC LEVEL GROUND WIT	ENSED PREMISE H THE MAIN EN	TRANCE AT WAS	SHINGTON ST,	, ONE EXIT IN I	REAR
2. the licensee h	ar under penalties of the complied with a		same premises nonwealth relati		
SIGNED BY:	idividual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed by license and (2) the cert	the building insp	ector and the head	l of the fire dep	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600090		CITY OR	TOWN	QUINCY	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	13
		CLASS				YEAR
LICENSEE NAME:	TC Biz, Inc					
DOING BUSINESS	A My House					
ADDRESS 609 WAS	SHINGTON S	Т.				
CITY/TOWN: QUI	NCY	STATE: MA	ZIP C	ODE:	02169	
MANAGER: Lee, I	Marcellus	TYPE OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS			
	IN FRONT, C	REMISES: ONE SIDE ENTRANCE,O R STORAGE. ALTER PRI				ROOMS
I hereby certify and s	wear under per	nalties of perjury that:				
1. the renewe	ed license will	be of the same type for the	e same prem	ises now	licensed;	
2. the license	e has complied	d with all laws of the Com	monwealth	relating t	o taxes; and	
3. the premis	ses are now ope	en for business (If not exp	lain below)			
SIGNED BY:	Individual, P	Partner or Authorized Corp	orate Office	r		
DATE:	TELE	PHONE NUMBER:			R IDENTIFICAT	
			(Note	: <u>NOT</u> Inc	lividual Social So	ecurity Number)
Acts of 2004, signed	by the buildi	we are in possession (1) thing inspector and the head iquor liability insurance	d of the fire	e depart	ment for the	above named
Please Check Below:			LOCAL	LICENS	SING AUTHO	ORITY
APPROVED:	_		By:			
DISAPPROVED: (If disapproved expla	in)					
(ii disappioved expid	111)		_			
						_
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILE	ED BY LICENSEES DURING THE M	MONTH OF NOV	/EMBER (M	I.G.L. Ch. 138 \$ 16	(A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600092		CITY OR TOWN	QUINCY
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: KATHLEEN B. DOING BUSINESS A THE GOAL POADDRESS 226 WATER ST.		E	
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02169
MANAGER: MULKERINS, KATHLEEN B.	YPE OF LICENSE: Res	taurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM SINGLE LEVEL WITH FRONT EXIT ONE ROOM AND KITCHEN;BASEM	ON WATER ST AND	SIDE EXIT INTO I	PARKING LOT.
1. the renewed license will be c 2. the licensee has complied wi 3. the premises are now open for	of the same type for the th all laws of the Comm	nonwealth relating to	
SIGNED BY: Individual, Partn	er or Authorized Corpo	rate Officer	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo	nspector and the head	l of the fire departn	nent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600094		CITY OR TOWN	QUINCY	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	QUINCY LODGE O	F ELKS #943 B.P.C	D.E. INC.		
DOING BUSINESS	A				
ADDRESS 256 QUA	ARRY STREET				
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE:	02171	
MANAGER: BERT	TONI, FRANK TYPE	OF LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		AIL ADDRESS		
	LICENSED PREMISE		GEODAGE DOO	M DAGEMI	- National Control
	CTION HALL, COAT M, BAR, OFFICE,AN		, STORAGE ROO	M. BASEMI	EN I
I hereby certify and s	wear under penalties o	f perjury that:			
1. the renewe	ed license will be of th	e same type for the s	same premises now	licensed;	
2. the license	ee has complied with a	ll laws of the Comm	onwealth relating to	o taxes; and	
3. the premis	ses are now open for b	usiness (If not explai	in below)		
SIGNED BY:					
	Individual, Partner o	r Authorized Corpor	ate Officer		
DATE:					
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT lividual Social Se	
			(1.010) <u>1.101</u> Inc	iividuai bociai bo	seurity (valider)
	d, attest that we are in				
	l by the building insp certificate of liquor lia				
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	3EK: 100600095		CITY OR TOWN	N QUINCI	
APPLICATION I	FOR RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	ME: DARCY'S VII	LLAGE PUB, INC.			
DOING BUSINE	ESS A DARCY'S V	ILLAGE PUB			
ADDRESS 93 W	TLLARD ST.				
CITY/TOWN: (QUINCY	STATE: MA	ZIP CODE:	02169	
	IcDONALD, OHN M.	TYPE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION (OF LICENSED PRI	EMISES:			
STORAGE-LIQU FOODSSECO ROOMSFIRST	JOR AND CANNE ND FLOOR-2 DINI FLOOR OCCUPAL	DOMS PLUS 5 LAVATO D GOODS, PLUS USED ING ROOMS PLUS 3 LA NCY 239 PERSONS, SEC ENT TO EXISTENCE RE	FOR COLD STO VATORIES, PLU COND FLOOR28	RAGE FOR JS 2 ADDITIC	
I hereby certify a	nd swear under pena	alties of perjury that:			
1. the rer	newed license will b	e of the same type for the	same premises no	w licensed;	
	-	with all laws of the Comn n for business (If not expla	_	g to taxes; and	
SIGNED BY:	Individual, Pa	rtner or Authorized Corpo	rate Officer		
DATE:		VOLUE 1 W P (P P P	EMDLOV	ER IDENTIFICAT	FION NI IMPED.
DITTE.	TELEPI	HONE NUMBER:		Individual Social S	
Acts of 2004, sig	gned by the buildin	e are in possession (1) the g inspector and the head uor liability insurance re	of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved ex	xpiain)				
DATE:					
·					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10060)0096	CITY OR TOWN	QUINCY	
APPLICATION FOR RENE	EWAL: Annual	LICEN	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: STAI	DIUM QUINCY, LLC			
DOING BUSINESS A STA	ADIUM BAR & GRILL			
ADDRESS 1495 HANCOC	K STREET			
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02169	
MANAGER: YOUNG, JO	OHN TYPE OF LICENSE: R	destaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICEN				
	IT LOCATED ON THE FLOOR /ELL AS THE PARKING WAY		S/EXITS ON	
I hereby certify and swear un	nder penalties of perjury that:			
1. the renewed licer	nse will be of the same type for the	ne same premises now	licensed;	
2. the licensee has c	complied with all laws of the Cor	nmonwealth relating t	o taxes; and	
3. the premises are	now open for business (If not exp	plain below)		
SIGNED BY:				
Indiv	idual, Partner or Authorized Cor	porate Officer		
DATE:				
DATE.	TELEPHONE NUMBER:		R IDENTIFICATI lividual Social Se	
		` <u> </u>		
	t that we are in possession (1) to building inspector and the he			
	ate of liquor liability insurance			
Please Check Below:		LOCAL LICENS	SING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100)600098		CITY OR TOWN	QUINCY	
APPLICATION FOR RE	NEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: AT DOING BUSINESS A	-	NC			
ADDRESS 659 ADAMS					
CITY/TOWN: QUINCY		STATE: MA	ZIP CODE:	02171	
MANAGER: FINE, PE	TER D. TYPE	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
		SITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICE					
ONE STORY MASONR' ROOF. BASEMENT USI			G WITH A MANSAI	RD CANOPY	Y AND
I hereby certify and swear	under penalties o	of perjury that:			
1. the renewed lie	cense will be of th	e same type for the	e same premises now	licensed;	
2. the licensee ha	s complied with a	ll laws of the Com	monwealth relating to	taxes; and	
3. the premises as	re now open for b	usiness (If not exp	lain below)		
SIGNED BY:					
Inc	lividual, Partner o	or Authorized Corp	orate Officer		
DATE:	TEL EDITONE	NATI (DED	EMDI OVE	DENTIECAT	ION NUMBER:
DITE.	TELEPHONE	NUMBER:	(Note: NOT Ind		
					•
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(ii disappioved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600099		CITY OR TOWN	QUINCY	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: BREWER CORNE	R LIQUORS,LLC			
DOING BUSINESS A BREWER CORN	ER LIQUORS			
ADDRESS 372 GRANITE STREET				
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02169	
MANAGER: DEVOY, DAVID M. TYP	'E OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	SES:			
372 GRANITE STREET, TWO ROOM ROON SIDE; ONE FROM ENTRANCE ON CEMENT BLOCK STORAGE.				
 the renewed license will be of t the licensee has complied with the premises are now open for 	all laws of the Comm	nonwealth relating to		
SIGNED BY: Individual, Partner	or Authorized Corpo	rate Officer		
DATE				
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED:			ING AUTHORITY	
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 100600101		CITY OR TOWN	QUINCY	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: L & H CORF	P. INC.			
DOING BUSIN	NESS A WOLLAST	ON WINE & LIQUORS			
ADDRESS 58	BEALE STREET				
CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE:	02170	
	HAIVANIS, GEORGE	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		-
DESCRIPTION	N OF LICENSED PR	REMISES:			
ONE FLOOR,	TWO ROOMS				
	premises are now ope	d with all laws of the Conen for business (If not expanded)	olain below)	o taxes; and	
	,				
DATE:	TELE	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Belov APPROVED:			LOCAL LICENS By:	SING AUTHO	ORITY
DISAPPROVE (If disapproved					
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600102		CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annua	al LICEN	ISED FOR 20)13
		CLAS	SS		YEAR
LICENSEE NAME	: VSP CONVE	NIENCE INC.			
DOING BUSINESS	A JOE'S MAR	KET PLACE			
ADDRESS 260 CE	NTRE ST				
CITY/TOWN: QU	INCY	STATE:	MA ZIP CODE:	02169	
MANAGER: PAT	EL, ALKUMAR S.	TYPE OF LICENS	SE:Package Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS		-
DESCRIPTION OF	LICENSED PR	EMISES:			
ONE FLOOR FROM PURPOSES ONLY		SED FOR RETAIL 1	PURPOSES. REAR SMA	LL ROOM S'	TORAGE
3. the prem SIGNED BY:		n for business (If no			
DATE:	TELEP	HONE NUMBER:		R IDENTIFICAT dividual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600103		CITY OR TOWN	QUINCY	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: COPELAND PA DOING BUSINESS A ADDRESS 273 COPELAND ST	CKAGE STORE, INC.			
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02169	
MANAGER: CARSON, DENNIS T M.	YPE OF LICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREM				
THREE ROOMS, ADDITIONAL 800		O TO BASEM ENT	AND RETA	IL AREA
I hereby certify and swear under penalt	ies of perjury that:			
1. the renewed license will be	of the same type for the	same premises now	licensed;	
2. the licensee has complied w	ith all laws of the Comn	nonwealth relating to	taxes; and	
3. the premises are now open f	or business (If not expla	in below)		
SIGNED BY:				
Individual, Partı	ner or Authorized Corpo	rate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
TELEFIC	JINE NUMBER.	(Note: NOT Indi		
				•
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
(II disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	00600106		CITY OR TOWN	QUINCY	
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: S	MIT, INC.				
DOING BUSINESS A	REGAL BEAGLE I	LIQUORS			
ADDRESS 385 HANCO	OCK ST				
CITY/TOWN: QUINC	Ϋ́Y	STATE: MA	ZIP CODE:	02171	
MANAGER: PATEL, J.	NIRUBEN TYPE	OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC					
DISPLAY ROOM; CAS ENTRANCE ON HANG				T; CELLAR;	MAIN
3. the premises SIGNED BY:	are now open for bu	ssiness (If not expl		taxes; and	
11	ndividual, i artifer of	Aumorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBI (Note: NOT Individual Social Security Numb		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	100600107		CITY OR TO	WN QUINCI	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	WOLLASTON SUPREM	ME LIQUOR S	ΓORE, INC.		
DOING BUSINESS A	A WOLLASTON SUPRE	ME LIQUORS			
ADDRESS 615 HAN	COCK ST				
CITY/TOWN: QUI	NCY S'	ΓΑΤΕ: MA	ZIP CODE	E: 02170	
MANAGER: Wilkin	nson, Steven M.TYPE OF	LICENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		
	ICENSED PREMISES:				
	TH MAIN ENTRANCE A ORAGE ON MAIN FLOO				ON
2. the license	d license will be of the sar e has complied with all lar es are now open for busing	ws of the Comm	nonwealth relat		
SIGNED BY:	Individual, Partner or Au	thorized Corpo	orate Officer		
DATE:	TELEPHONE NU	MBER:		OYER IDENTIFICA $f T$ Individual Social $f S$	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LIC By:	ENSING AUTH	ORITY
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600108		CITY OR TOWN	QUINCY	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	₹
LICENSEE NAME: MADISON LIQUO	ORS, INC.			
DOING BUSINESS A SHOP'N'SAVE L	IQUORS			
ADDRESS 20 INDEPENDENCE AVE				
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02169	
MANAGER: SAINI, RAJMINDER TYP	'E OF LICENSE: Pac	kage Store CA	ATEGORY: All A	Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISSIVE STREET FLOOR, 2 ROOMS. BASEMENT I hereby certify and swear under penalties 1. the renewed license will be of the 2. the licensee has complied with 3. the premises are now open for	of perjury that: the same type for the all laws of the Comm	nonwealth relating to		
SIGNED BY: Individual, Partner	or Authorized Corpo	orate Officer		
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NU	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY	<i>-</i>
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600110		CITY OR TOWN	QUINCY	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	'EAR
LICENSEE NAME:	BRUSCHI INC.				
DOING BUSINESS A	DAVE'S GENERA	AL STORE & SPIR	RITS		
ADDRESS 66 NEWB	URY AVENUE				
CITY/TOWN: QUIN	CY	STATE: MA	ZIP CODE:	02171	
MANAGER: BRAD R.	LEY, DAVID TYP	E OF LICENSE: Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L					
ONE BACK ROOM, ONE AND A BASEMENT				/ICE ENTRAI	NCES
	has complied with a s are now open for b		monwealth relating to	taxes; and	
SIGNED BY:	Individual, Partner o	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	E NUMBER:		LIDENTIFICATIO	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHOI	RITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600111		CITY OR TOWN QU	INCY
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: NEWPORT LI DOING BUSINESS A L AND G LIC	QUORS		
ADDRESS 243-247 ATLANIC STR	EET		
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02	170
MANAGER: RACETTE, STEPHEN P.	TYPE OF LICENSE:Pac	ckage Store CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	EMISES:		
2000 SQ FT ON FIRST FLOOR, EN	TRANCE IN FRONT A	ND ENTRANCE TO RE	AR
I hereby certify and swear under pena	lties of perjury that:		
1. the renewed license will be	e of the same type for the	same premises now licen	ised;
2. the licensee has complied	with all laws of the Com	nonwealth relating to taxe	es; and
3. the premises are now open	for business (If not expl	ain below)	
SIGNED BY: Individual, Par	rtner or Authorized Corpo	orate Officer	
DATE: TELEPH	HONE NUMBER:		NTIFICATION NUMBER:
		(Note: NOT Individua	ll Social Security Number)
Please Check Below:		LOCAL LICENSING	AUTHODITY
APPROVED:		LOCAL LICENSING	AUTHORITY
DISAPPROVED:		Ву:	
(If disapproved explain)			
·			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600113		CITY OR TOWN	QUINCY	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	QUINCY LIQUOR	STORE, INC.			
DOING BUSINESS A	A HANCOCK LIQU	JORS			
ADDRESS 229 QUI	NCY AVE #7				
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE:	02171	
MANAGER: PATE	L, MINESH TYP	E OF LICENSE:P	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		ı
DESCRIPTION OF I	ICENSED PREMIS	SES:			
TWO STORY BLDG BOILER; SECOND I EXITS			FOR SALES PLUS OF NO CELLAR, FRON		
3. the premis	es are now open for				
	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	: IDENTIFICAT ividual Social So	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600115		CI	TY OR TOWN	QUINCY	
APPLICATION FOR	RENEWAL:	Annu	ıal	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 25 SCAM	PRESIDENTIAL	_				
CITY/TOWN: QUIN	CY	STATE:	MA	ZIP CODE:	02169	
MANAGER: SHAIN A.	N, MICHAEL TYP	E OF LICEN	SE:Packag	e Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	SES:				
ADD SEASONAL F	PATIO					
2. the licensee	d license will be of the has complied with a sare now open for	all laws of the	e Commony	wealth relating to		
SIGNED BY:	Individual, Partner	or Authorized	l Corporate	Officer		
DATE:	TELEPHON:	E NUMBER:		EMPLOYER (Note: NOT Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)			OCAL LICENS y:	ING AUTHO	ORITY
DATE:			-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600116	CITY OR TOWN QUINCY
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: KIM-ANH CORPORATION	
DOING BUSINESS A HOUGH'S NECK PACKAGE ST	ORE
ADDRESS 1183- SEA ST	
CITY/TOWN: QUINCY STATE: N	MA ZIP CODE: 02169
MANAGER: NGUYEN, KIM O TYPE OF LICENSE	E:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	DUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
BRICK AND CONCRETE BLDG WITH FULL BASEM ALCOHOLIC BEVERAGES, STORAGE IN REAR; TW ST	
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type fo 2. the licensee has complied with all laws of the C 3. the premises are now open for business (If not	Commonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Authorized C	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED: DISAPPROVED:	By:
(If disapproved explain)	
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600117		CITY OR TOWN	QUINCY	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		7	YEAR
LICENSEE NAME: FOUAD YASM	IINE			
DOING BUSINESS A OLD COLON	Y LIQUORS			
ADDRESS 637 SOUTHERN ARTER	Y			
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02169	
MANAGER: YASMINE, EDY	ΓΥΡΕ OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREI CONTAINING 3800 SQ. FT., ONE F I hereby certify and swear under penal 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open	LOOR, TWO ENTRAN ties of perjury that: of the same type for the with all laws of the Comm	same premises now		
SIGNED BY: Individual, Part	ner or Authorized Corpo	orate Officer		
DATE: TELEPH	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	PRITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 100600118		CITY OR TOWN	QUINCY	
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	IE: Krish Retail, l	Inc			
DOING BUSINE	ESS A Goodies Mir	ni Mart			
ADDRESS 1250	Hancock St				
CITY/TOWN: (QUINCY	STATE: MA	ZIP CODE:	02169	
	ATEL, HANDIRKA	TYPE OF LICENSE: Pa	ckage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION (OF LICENSED PR	EMISES:			
ONE FLOOR, HA	ALF CELLAR, BA	CK ROOM FOR STORA	AGE; TWO ENTRAN	NCES AND T	ΓWO
2. the lic	ensee has complied	be of the same type for the I with all laws of the Comen for business (If not exp	monwealth relating to		
SIGNED BY:	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex	:		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 100600121		CITY OR TOWN	QUINCY	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME	: JAMES MULLA	ANEY & KAREN M	ULLANEY		
DOING BUSINESS	S A MULLANEY'S	S			
ADDRESS 205 W	SQUANTUM ST				
CITY/TOWN: QU	JINCY	STATE: M	A ZIP CODE:	02171	
	TLLANEY, T MES	YPE OF LICENSE:	Package Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		-
DESCRIPTION OF	F LICENSED PREM	MISES:			
ONE FRONT ENT CELLAR FOR STO		AR EXITS TO REA	R YARD, ONE FLOOI	R, ONE ROC	OM, ONE
	nises are now open t	for business (If not ex			
	individual, Parti	ner or Authorized Co	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600122		CITY OR TO	WN QUINCI	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A			Y		
ADDRESS 603-60 W		QUOIN OF QUIVE	•		
CITY/TOWN: QUIN		STATE: MA	ZIP COD	E: 02169	
MANAGER: KAUF	R,RAJINDER T	YPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L SINGLE STORY BRI BASEMENT			E ROOMS IN TH	IE BACK ROOM	I AND
2. the license	e has complied was are now open f	of the same type for the ith all laws of the Confor business (If not expenses or Authorized Corp	nmonwealth relat		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA T Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	VIBER: 100600123		CITY OR TOWN Q	UINCI
APPLICATION	N FOR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
DOING BUSIN	AME: LITRE AND V NESS A POINT LIQU OWASHINGTON ST	WEDGE WINE AND CH JORS	HEESE SHOP, INC.	
		OTLATE: MA	ZID CODE:	22171
CITY/TOWN:		STATE: MA		2171
MANAGER:	DESCHENES, JUDITH	TYPE OF LICENSE: Pa	ckage Store CATE	EGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	EMISES:		
ONE FLOOR,	TWO ROOMS, STOR	RAGE AND SALES AR	EA, CELLAR	
	premises are now open	n for business (If not exp		xes; and
DATE:	TELEPH	HONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING By:	G AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600127		CITY OR TOW	N QUINCY	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1170 HAN	1170 CLUB				
CITY/TOWN: QUIN		STATE: MA	ZIP CODE:	02169	
MANAGER: PURP ROBE	· · · · · · · · · · · · · · · · · · ·	OF LICENSE: Clu	.b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
DESCRIPTION OF L					
PORTABLE BAR, BAR BUILDING PLUS TV		NTRANCES TO F	IALL; 4 ENTRAN	NCE DOORS T	O'
2. the licensed 3. the premise SIGNED BY:	d license will be of the has complied with all es are now open for bu	l laws of the Commissiness (If not explain	nonwealth relating		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed license and (2) the co	by the building inspe	ector and the head	l of the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600128		CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME	: PJC OF MASSAC	CHUSETTS, INC			
DOING BUSINESS	S A Rite Aid #10170)			
ADDRESS 132 GR	ANITE STREET				
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02169	
	ILER, TY	PE OF LICENSE:	Package Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
	A IN THE RIGHT F DISE A ND SEPERA		S WITH A FRONT A EA FOR AB	ND REAR E	XIT FOR
	ises are now open fo				
	marviduai, Faruic	er of Authorized Col	iporate Officei		
DATE:	TELEPHO:	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp.	lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	3EK: 100600134		CITY OR TOWN	1 QUINCI	
APPLICATION I	FOR RENEWAL	: Annual	LICE	NSED FOR 201	.3
		CLASS		Y	/EAR
LICENSEE NAM	IE: NATIONAL	L WINE AND LIQUOR, I	NC		
DOING BUSINE	SS A NATIONA	AL WINE AND LIQUOR			
ADDRESS 101 F	ALLS BOULEV	ARD			
CITY/TOWN: (QUINCY	STATE: MA	ZIP CODE:	02169	
	AUDIANO, AMES S. JR.	TYPE OF LICENSE:P	ackage Store (CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION (OF LICENSED F	PREMISES:			
ABUT THE ROC SUPERMARKET	CHE BROS. SUP TAND A REAR	FLR AREA WITHIN TH ERMARKET FACILITY EXIT AT THE SIDE OF ALLOCATED FOR STOR	WITH AN ENTRAI THE BUILD. FOR I	NCE FROM TH	
I hereby certify ar	nd swear under p	enalties of perjury that:			
1. the ren	newed license wil	l be of the same type for the	ne same premises no	w licensed;	
2. the lice	ensee has compli	ed with all laws of the Cor	nmonwealth relating	to taxes; and	
3. the pre	emises are now o	pen for business (If not exp	plain below)		
SIGNED BY:	Individual,	Partner or Authorized Cor	porate Officer		
DATE:	TELF	EPHONE NUMBER:	EMPLOY	ER IDENTIFICATIO	ON NUMBER:
			(Note: NOT I	ndividual Social Sec	curity Number)
Please Check Below:				ISING AUTHOR	RITY
APPROVED: DISAPPROVED			By:		
(If disapproved ex					
·	r/				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 100600135		CITY OR TOWN	QUINCY	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINES					
ADDRESS 55 FRA	ANKLIN STREET				
CITY/TOWN: QU	JINCY	STATE: MA	ZIP CODE:	02169	
MANAGER: TR	AN, NGA THI T	TYPE OF LICENSE:Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:	-			
DESCRIPTION OF		R WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS		
2. the licer	wed license will be usee has complied w	ties of perjury that: of the same type for the vith all laws of the Comfor business (If not exp	nmonwealth relating to		
	Individual, Parti	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: eccurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] [] lain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
APPLICATION FOR REN	EWAL MUST BE FILED B	Y LICENSEES DURING THE	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 10	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600137		CITY OR TO	WN QUINCY	
APPLICATION FO	R RENEWAL:	Annual CLASS	LIC	CENSED FOR 2	013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 58 ROS	S A THE SHOOTERS				
CITY/TOWN: QU	INCY	STATE: MA	A ZIP CODE	2: 02169	
MANAGER: PAN JAN	NSULLO, TYPE MES J.	OF LICENSE:	General on premise	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS		R EMAIL ADDRESS		
	LICENSED PREMISE		OTTODA CELAND	. CMALL CERT	W.C.D.
BAR	8 SQ FT SEATING 126). BACKROOM	STORAGE AND	A SMALL SERV	VICE
3. the prem SIGNED BY:	ises are now open for be	·			
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICATION Γ Individual Social S	
Acts of 2004, signe	ed, attest that we are in ed by the building insp certificate of liquor lia	ector and the h	ead of the fire dep	partment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 100600141		CITY OR TOWN QUINCY	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: KRISTIE, L	LC		
DOING BUSI	NESS A BLUE AT	MARINA BAY		
ADDRESS 30	7 VICTORY RD			
CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE: 02171	
MANAGER:	HENRIKSEN, KRISTIE	TYPE OF LICENSE:	Restaurant CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P			
625 SQ FT, OI	NE MAIN DINING	ROOM. TWO ENTRAN	CES AND ONE SERVICE ARE	A
2. the	licensee has complie premises are now op	· ·	·	d
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004,	signed by the build	ing inspector and the he	the certificate required by Cha ad of the fire department for the required by Chapter 116 of th	he above named
Please Check Belo			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
· · · · · · · · · · · · · · · · · · ·	·F/			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 100600145		CITY OR TOWN QU	INCY
APPLICATION	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: BASTA PAS	STA INC		
DOING BUSINE	ESS A BASTA PA	ASTA		
ADDRESS 150 I	HANCOCK STRE	ET		
CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE: 02	171
MANAGER: H	HOXHALLARI, ALTIN	TYPE OF LICENSE: Res	taurant CATEO	GORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION	OF LICENSED P	REMISES:		
KITCHEN, FOO DESCENDS TO	D PREP. SERV. A THE GROUND F	I AN 893 S. F. DINING AR AND DISHROOM ON FIR FLOOR CONSISTS OF A 4 FH COLD STORAGE.	ST FLOOR LEVEL. A S	TAIRWAY
I hereby certify a	nd swear under pe	nalties of perjury that:		
1. the re	newed license will	be of the same type for the	same premises now licen	ised;
2. the lic	censee has complie	d with all laws of the Comn	nonwealth relating to taxe	es; and
3. the pr	remises are now op	en for business (If not expla	nin below)	
SIGNED BY:	Individual, I	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:		NTIFICATION NUMBER:
Acts of 2004, sig	gned by the build	we are in possession (1) the ing inspector and the head iquor liability insurance r	of the fire department	for the above named
Please Check Below	<u>:</u>		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved e				
(11 uisappioved e	Apiaiii)			
DATE:			-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600146		CITY OR T	OWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual	I	ICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	DZUNG M. NGC) & KIM KELLY	VO			
DOING BUSINESS	A CORNER FOO	D MART				
ADDRESS 1060 HA	ANCOCK ST					
CITY/TOWN: QU	INCY	STATE: M	IA ZIP COI	DE:	02169	
MANAGER: LE,	DANSON TY	YPE OF LICENSE	:Package Store	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR		UR EMAIL ADDRESS			
DESCRIPTION OF						
GROCERY SALES ENTRANCES AND		E AND MALT BEV	VERAGES SALE	S ARI	EA. TWO	
2. the licens	wear under penaltic yed license will be o see has complied wit ses are now open for	of the same type for th all laws of the Co	ommonwealth rel			
SIGNED BY:	Individual, Partne	er or Authorized Co	orporate Officer			
DATE:	TELEPHO	NE NUMBER:				FION NUMBER: decurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LI By:	ICENS	SING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600148		CITY OR TO	WN QUINCY	
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A SIRO'S AT MA	RINA BAY			
ADDRESS 307 VIC	TORY RD				
CITY/TOWN: QU	INCY	STATE: M	A ZIP COD	E: 02171	
	IRIKSEN, TY STIE	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR V		R EMAIL ADDRESS		
	see has complied wit ses are now open fo		xplain below)	ing to taxes; and	
	marriaun, rurun	r or rumonized co			
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICAT	
We the undersigne Acts of 2004, signe license and (2) the	d by the building in	spector and the h	ead of the fire de	partment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600150		CITY OR TO	OWN QUINCY	
APPLICATION FOR	RENEWAL:	Annual	Ll	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	SEA STREET REST.	AURANT GROU	P INC.		
DOING BUSINESS	A FOX & HOUND W	OOD GRILLE A	ND TAVERN		
ADDRESS 123 SEA	STREET				
CITY/TOWN: QUI	NCY	STATE: MA	ZIP COD	DE: 02169	
MANAGER: CURI J.	RAN, STEVEN TYPE	OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISE	S:			
OF BLDG WITH EX	MISES CONSIST OF A IT IN REAR LEFT SI DINING AREA, LOU	DE, RIGHT SIDE	AND KITCH		
I hereby certify and s	wear under penalties of	perjury that:			
1. the renewe	ed license will be of the	e same type for the	same premises	s now licensed;	
2. the license	ee has complied with al	l laws of the Com	monwealth rela	ting to taxes; and	
3. the premis	es are now open for bu	siness (If not expl	ain below)		
SIGNED BY:	Individual, Partner or	· Authorized Corn	orata Officar		
	marviduai, raitiici oi	Aumorized Corp	orate Officer		
DATE:			EMDI	OVED IDENTIFICA	TION NUMBER
DATE.	TELEPHONE	NUMBER:		LOYER IDENTIFICA OT Individual Social	
			(· · · · ·	marriada poetar	Decarity Transcery
Acts of 2004, signed	l, attest that we are in by the building inspo ertificate of liquor lia	ector and the hea	d of the fire de	epartment for the	e above named
Please Check Below:			LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:	:)				
(If disapproved expla	III <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100600151		CITY OR TOWN	QUINCY
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	country saloon product A PRESIDENTS ROCK EAR HANCOCK ST			
CITY/TOWN: QUI	INCY	STATE: MA	ZIP CODE:	02169
MANAGER: FOR ASH	SYTH, TYPE C	OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSIT		MAIL ADDRESS	
KITCHEN, DINING	LICENSED PREMISES G AND BAR AREA. 200 .REQUESTING PATIO	00 SQ FT STORA	AGE TWO MEANS	OF EXIT WITH ONE
2. the licens	red license will be of the see has complied with all sees are now open for bus	laws of the Comr	nonwealth relating to	
SIGNED BY:	Individual, Partner or A	Authorized Corpo	orate Officer	
DATE:	TELEPHONE N	UMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	d by the building inspec	tor and the head	l of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600152	CI	ΓY OR TOWN	QUINCY
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: APPLE NEW ENGLA	ND LLC		
DOING BUSINESS A APPLEBEE'S NEIGH	HBORHOOD GRILL	& BAR	
ADDRESS 200 HANCOCK ST			
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02171
MANAGER: COSTA, JAMES TYPE C	OF LICENSE: Restaur	cant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMISES			
5000 SP FT. +- FLOOR AREA AND CONSI DININGROOM, LOUNGEAREA WITH AD		*	
WOMEN. 3 EXITS 1 MAINWITH A COMP		STROOMSTOR	IMEN AND
			
I hereby certify and swear under penalties of I			. ,
1. the renewed license will be of the	* *	-	
2. the licensee has complied with all3. the premises are now open for bus		_	taxes; and
	mess (ii not explain t		
	mess (ii not enpium (
SIGNED BY: Individual, Partner or A			
SIGNED BY:			
SIGNED BY: Individual, Partner or A	Authorized Corporate	Officer	IDENTIFICATION NUMBER
SIGNED BY:	Authorized Corporate	e Officer EMPLOYER	IDENTIFICATION NUMBER:
SIGNED BY: Individual, Partner or A DATE: TELEPHONE N	Authorized Corporate	EMPLOYER (Note: NOT Indiv	ridual Social Security Number)
SIGNED BY: Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspec	Authorized Corporate TUMBER: possession (1) the ce etor and the head of	EMPLOYER (Note: NOT Indiv	d by Chapter 304 of the ent for the above named
SIGNED BY: Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p	Authorized Corporate TUMBER: possession (1) the ce etor and the head of	EMPLOYER (Note: NOT Indiv	d by Chapter 304 of the ent for the above named
SIGNED BY: Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspec license and (2) the certificate of liquor liab Please Check Below:	Authorized Corporate IUMBER: possession (1) the ce ctor and the head of pility insurance requ	EMPLOYER (Note: NOT Indivertificate required the fire department of	d by Chapter 304 of the ent for the above named
SIGNED BY: Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect license and (2) the certificate of liquor liab Please Check Below: APPROVED:	Authorized Corporate TUMBER: possession (1) the ce etor and the head of folity insurance requ	EMPLOYER (Note: NOT Indivertificate required the fire department of	l by Chapter 304 of the ent for the above named 116 of the Acts of 2010.
SIGNED BY: Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspec license and (2) the certificate of liquor liab Please Check Below: APPROVED: DISAPPROVED:	Authorized Corporate TUMBER: possession (1) the ce etor and the head of folity insurance requ	EMPLOYER (Note: NOT Indivirtificate required the fire departmired by Chapter	l by Chapter 304 of the ent for the above named 116 of the Acts of 2010.
SIGNED BY: Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect license and (2) the certificate of liquor liab Please Check Below: APPROVED:	Authorized Corporate TUMBER: possession (1) the ce etor and the head of folity insurance requ	EMPLOYER (Note: NOT Indivirtificate required the fire departmired by Chapter	l by Chapter 304 of the ent for the above named 116 of the Acts of 2010.
SIGNED BY: Individual, Partner or A DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspec license and (2) the certificate of liquor liab Please Check Below: APPROVED: DISAPPROVED:	Authorized Corporate TUMBER: possession (1) the ce etor and the head of folity insurance requ	EMPLOYER (Note: NOT Indivirtificate required the fire departmired by Chapter	l by Chapter 304 of the ent for the above named 116 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600155		CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 201	13
		CLASS		•	YEAR
LICENSEE NAME	: ADAMS INN FO	OOD & BEVERAGE, L	LC		
DOING BUSINESS	S A BEST WESTER	RN ADMAS INN			
ADDRESS 024-29	HANCOCK ST				
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02171	
MANAGER: GAI JR	LVIN, THOMAS TY	YPE OF LICENSE: Innl	holder CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF					
		ERRACE SURROUND ITS ONTO PARKING		WIMMING P	OOL,
	ises are now open fo	th all laws of the Commor business (If not expla	in below)	taxes, and	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATION IDENTI	
Acts of 2004, signe	ed by the building in	re in possession (1) the nspector and the head r liability insurance re	of the fire departn	nent for the a	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	∟ lain)				
(11 disappioved expi)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 100600156		CITY OR TOWN QUINC	Y
APPLICATION FO	OR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAMI	E: THE SYDN	EY GROUP, INC		
DOING BUSINES	S A THE FOU	R'S RESTAURANT		
ADDRESS 15 CO	TTAGE AVE			
CITY/TOWN: Q	UINCY	STATE: MA	ZIP CODE: 02169	
	OLTON, MOTHY J.	TYPE OF LICENSE: Rest	caurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION O				
	IEN AREA OF	1444 SQ FT. LOWER LEVE	ED OF A DINING AREA AN EL HAS A DINING AREA A	
 the rene the licer 	ewed license will nsee has complie	enalties of perjury that: I be of the same type for the sed with all laws of the Common for business (If not explain	onwealth relating to taxes; an	d
SIGNED BY:	Individual, l	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Acts of 2004, sign	ned by the build	ling inspector and the head	certificate required by Cha of the fire department for t equired by Chapter 116 of the	he above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	nloin)			
(II disapproved ex	Jiaili)			
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100600161		CIT	TY OR TOWN	QUINCY	
APPLICATION FOI	R RENEWAL:	Annua	al	LICE	NSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME:	FLAGSHIP MAR	INA BAY LLC				
DOING BUSINESS	A THE LAUNCH					
ADDRESS 333 VIC	TORY RD					
CITY/TOWN: QUI	INCY	STATE:	MA	ZIP CODE:	02171	
MANAGER: FER	RARA, BRIAN TY	PE OF LICENS	E:Restaur	ant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL A	ADDRESS		_
DESCRIPTION OF						
PIER WITH TWO T STORAGE	TENTS. 785 SQ FT	OF FIRST FLC	OR HARI	BOR BUILDI	NG AND LIQU	JOR
2. the licens	wear under penaltie red license will be of ee has complied wit ses are now open for Individual, Partne	the same type f h all laws of the r business (If no	For the sam Commony t explain b	vealth relating elow)		
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT	
We the undersigne Acts of 2004, signed license and (2) the	d by the building in	spector and th	e head of	the fire depar	tment for the	above named
Please Check Below:			L	OCAL LICEN	SING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED: (If disapproved explain	ain)		_			
(= alsapproved expir			_			
			_			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 100600162		CITY OR TOWN QUINCT	
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	E: FLAGSHIP MARINA	BAY HOSPITAL	ITY	
DOING BUSINES	SS A THE OCEAN CLUB	AT MARINA BA	ΛY	
ADDRESS 314 V	ICTORY RD			
CITY/TOWN: Q	UINCY	STATE: MA	ZIP CODE: 02171	
MANAGER: CO	OLLINS,TIMOTH TYPE	OF LICENSE: Rest	caurant CATEGORY	: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION C	OF LICENSED PREMISES	:		
	TRUCTURES, TENT, RES		A INCLUDING NUMEROUS AL AREA 750X600'. OCCUP	
I hereby certify an	d swear under penalties of	perjury that:		
1. the ren	ewed license will be of the	same type for the s	same premises now licensed;	
2. the lice	ensee has complied with all	laws of the Comm	onwealth relating to taxes; and	i
3. the pre	mises are now open for bus	siness (If not explain	in below)	
SIGNED BY:	Individual, Partner or	Authorized Corpor	rate Officer	
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004, sign	ned by the building inspec	ctor and the head	certificate required by Chap of the fire department for the quired by Chapter 116 of th	ne above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:	-1-1-1			
(If disapproved ex	piain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600163	CIT	Y OR TOWN QUINCY
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: PHO COUNT DOING BUSINESS A PHO COUN ADDRESS 217 QUINCY AVE.	TRYSIDE INC.	TEAR
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02169
MANAGER: TRINH, BAO D.	TYPE OF LICENSE: Restaura	cartegory: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT DESCRIPTION OF LICENSED PR TWO ENT/EXITS REAR. ENT/EX STORAGE, 2 TOILET, DINNING STORAGE, KITCHEN, MEMBER.	ATT ON FIRST FLOOR VIA FII ROOM OFFICES, LOUNGE, 3	RE ESCAPE. CELLAR FOR
2. the licensee has complied 3. the premises are now ope	be of the same type for the same d with all laws of the Commonw en for business (If not explain be	realth relating to taxes; and relow)
We the undersigned, attest that w	•	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) tificate required by Chapter 304 of the he fire department for the above named
	-	red by Chapter 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LC By —	OCAL LICENSING AUTHORITY y:
DATE:	_	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	00600165		C	ITY OR TOW	N QUINCY	
APPLICATION FOR R	ENEWAL:	Annu	ıal	LIC	ENSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: B	NK INC					
DOING BUSINESS A	BISTRO CHI/KA	MA LOUNG	E			
ADDRESS 39 COTTAC	GE AVE.					
CITY/TOWN: QUINC	CY	STATE:	MA	ZIP CODE:	02169	
MANAGER: LIANG	JOHN TYP	E OF LICEN	SE:Resta	urant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAI	L ADDRESS		
DESCRIPTION OF LIC			,		DE LA DEDUGA	
CONTAINING 3,500 S ROOM, OFFICE & STO		REA CONSIS	STING O	F KITCHEN A	AREA, MEN'S &	& LADIES
I hereby certify and swe	ar under penalties	of perjury tha	ıt:			
1. the renewed	license will be of t	he same type	for the sa	me premises n	ow licensed;	
2. the licensee h	nas complied with	all laws of the	e Commo	nwealth relatin	ng to taxes; and	
3. the premises	are now open for	business (If n	ot explain	below)		
SIGNED BY:				0.00		
11	ndividual, Partner	or Authorized	i Corpora	te Officer		
DATE:				EMDLO	VED IDENTIFICAT	FION NUMBER.
DATE.	TELEPHON	E NUMBER:			YER IDENTIFICAT Individual Social S	
				`		, , , , , , , , , , , , , , , , , , , ,
We the undersigned, a Acts of 2004, signed by						
license and (2) the cert						
Please Check Below:				LOCAL LICE	ENSING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved explain)				-		
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100600166		CIT	Y OR TOWN	QUINCY	
APPLICATION FOR	R RENEWAL:	Annu	al	LICEN	SED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME:	FRESH TOMATO	ENTERPRIS	ES INC.			
DOING BUSINESS	A ACAPOLCO'S M	EXICAN FAI	MILY REST	ΓAURANT		
ADDRESS 1384 HA	ANCOCK ST					
CITY/TOWN: QUI	INCY	STATE:	MA	ZIP CODE:	02169	
MANAGER: MOF	RENO, EDGAR TYF	E OF LICEN	SE:Restaura	ant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAIL A	DDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:				
	OOR SPACE CONSI					
	OOMS, STORAGE AT PEOPLE, 3 MEANS					WILL
	swear under penalties			HIV LIVING HV	CL	
•	ved license will be of	1 0 0		e premises now	licensed:	
	ee has complied with	• •		-		
	ses are now open for			•	· ·····	
	1			,		
SIGNED BY:						
SIGNED D1.	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:				TON NUMBER:
				(Note: NOT Ind	lividual Social S	ecurity Number)
We the undersigne	d, attest that we are	in possession	(1) the cer	tificate require	ed by Chapte	er 304 of the
Acts of 2004, signed	d by the building ins	pector and th	ne head of t	he fire departı	ment for the	above named
license and (2) the	certificate of liquor	liability insur	ance requi	red by Chapte	r 116 of the A	Acts of 2010.
Please Check Below:			L	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED: [(If disapproved explain						
(11 disappioved expir	uiii <i>)</i>					<u>—</u>
			_			
DATE:			-			
			_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 100600167		CITY OR TOV	VN QUINCI	
APPLICATION FO	R RENEWAL	: Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 65 NEW	A STOP & S				
CITY/TOWN: QUI		STATE: MA	ZIP CODE	: 02169	
MANAGER: ROY		TYPE OF LICENSE:Pa		CATEGORY:	Wine and
MANAGER. KOT	EK, KEITH	THE OF LICENSE.	ackage Store	CATEGORI.	Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED P	REMISES:			
ENTRANCES AND	EXITS, ENT	I TWO AISLES OF THE S RANCE AND REAR EXI OR BEER AND WINE ON	T FOR RECEIVI	NG MERCHAN	DISE,
2. the licens	ee has compli	l be of the same type for the ed with all laws of the Conpen for business (If not exp	nmonwealth relati		
SIGNED BY:	Individual,	Partner or Authorized Corp	oorate Officer		
DATE:	TELE	PHONE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICI By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100	0600168		CIT	ΓY OR TOWN	QUINCY	
APPLICATION FOR RE	NEWAL:	Annu	al	LICEN	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: SO DOING BUSINESS A ADDRESS 242 WASHIN		OCIAL CLU	B, INC			
		STATE:	MA	ZIP CODE:	02169	
CITY/TOWN: QUINCY						
MANAGER: TOWERS CHARLE	*	OF LICEN	SE:Club	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	SE ALSO VISIT OUR WEBS		YOUR EMAIL A	ADDRESS		
DESCRIPTION OF LICE			ID DOOM	ZITCHEN AN	ID DECEMBOO	M. 2
1600 SQ. FT. FLOOR AI MEANS OF EGRESS.	REA, INCLUDING	J BAR, CLU	B ROOM	KITCHEN AN	ND RESTROC	JMI- 2
3. the premises a SIGNED BY:	is complied with all re now open for bu	usiness (If no	ot explain b	pelow)	to taxes; and	
DATE:	TELEPHONE	NUMBER:			R IDENTIFICAT	
We the undersigned, at Acts of 2004, signed by license and (2) the certi-	the building insp	ector and th	e head of	the fire depart	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICEN y:	SING AUTHO	DRITY
DATE:			=			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 100600170		CITY OR TOW	N QUINCY	
APPLICATION	FOR RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: MJNR, Inc				
DOING BUSIN	ESS A Coop's Bar &	c Grille			
ADDRESS 520	WASHINGTON ST				
CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE:	02169	
MANAGER:	Recupero, Mario	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	OF LICENSED PRI				
ENTRANCES, AND OFFICE.	2 ON LEFT SIDE, 1	NCE AND EXIT AT FR IN BACK. FOUR ROO AND FOUR RESTROO	MS, DINING RO	OM, BAR, KIT	CHEN
I hereby certify	and swear under pena	alties of perjury that:			
1. the re	enewed license will b	e of the same type for th	e same premises no	ow licensed;	
2. the li	censee has complied	with all laws of the Con	nmonwealth relatin	g to taxes; and	
3. the p	remises are now open	n for business (If not exp	lain below)		
SIGNED BY:	Individual, Pa	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, s	igned by the buildin	e are in possession (1) the g inspector and the hea quor liability insurance	nd of the fire depa	rtment for the	above named
Please Check Below	<u>v:</u>		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVEI (If disapproved					
(11 disappioved	Capiani)				
				-	
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600172		CITY OR TOWN QUINCY	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 333 VICT	A NONNA'S KITC			
CITY/TOWN: QUIN		STATE: MA	ZIP CODE: 02171	
MANAGER: FERR		2		: Wine and Malt Regular
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	SES:		
	ND DISPLAY ARI	EA. ENTRANCE AN	ORE AND WINE ROOM, BEI ND EXIT FROM PARKING LO TRONS	
2. the license	e has complied with	· =	same premises now licensed; nonwealth relating to taxes; and nin below)	
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100600174	(CITY OR TOWN	QUINCY	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	HOT WATER, LLC	2			
DOING BUSINESS	A THE WATER CL	UB			
ADDRESS 319 VIC	TORY ROAD				
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE:	02171	
MANAGER: BER	RY, VIRGINIA TYP	E OF LICENSE: Resta	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE LICENSED PREMIS	BSITE AND ENTER YOUR EMA ES:	AIL ADDRESS		_
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ed license will be of the	he same type for the same	ame premises now	licensed;	
	=	all laws of the Commo	_	taxes; and	
3. the premi	ses are now open for b	ousiness (If not explain	n below)		
SIGNED BY:	Individual, Partner	or Authorized Corpor	ate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
			(11010. <u>1101</u> IIId	ividuai Sociai S	ecurity Number)
Acts of 2004, signed	d by the building ins	in possession (1) the pector and the head iability insurance red	of the fire departi	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	oin)				
(11 disappioved expir	<i>)</i>				_
DATE:					
APPLICATION FOR RENEV	VAL MUST BE FILED BY LIC	CENSEES DURING THE MOI	NTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 100600175		CITY C	R TOWN	QUINCY	
APPLICATION FOR	R RENEWAL:	Annua CLASS		LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1506 HA	A SUL, ZONA		,			TLAK
CITY/TOWN: QUI	NCY	STATE:	MA ZIP	CODE:	02169	
MANAGER: CRU	Z, CESAR A. TY	PE OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS: DESCRIPTION OF KITCHEN, DINING EXITS	ROOM, BASEME	ISES: NT, RESTROOM			R ENTRANC	ES AND
2. the license	red license will be of ee has complied wit ses are now open fo Individual, Partne	h all laws of the or business (If not	Commonwealt explain below	h relating to		
DATE: We the undersigned		NE NUMBER:		ote: <u>NOT</u> Ind	ividual Social S	TION NUMBER: ecurity Number)
Acts of 2004, signed license and (2) the	d by the building ir	spector and the	head of the f	ire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCA By:	AL LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

	CI	TY OR TOWN	QUINCY	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: EDWIN CABOT LIN	MITED PARTNERSH	IP		
DOING BUSINESS A THE INN AT BAY	POINTE			
ADDRESS 64 WASHINGTON COURT				
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02169	
MANAGER: HYNES, KEVIN TYPE	OF LICENSE: Restau	rant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMISE				
4 EXT/EXITS REAR. 1 OFFICE, LOUNC STORAGE, DECK, STORAGE	SE, 7 TOILETS, KITC	HEN, FUNCTIC	N ROOM, 2	NE FL.
I hereby certify and swear under penalties o	f perjury that:			
1. the renewed license will be of the	e same type for the san	ne premises now	licensed;	
2. the licensee has complied with a	ll laws of the Common	wealth relating to	taxes; and	
3. the premises are now open for bu	usiness (If not explain l	pelow)		
SIGNED BY:		0.07		
Individual, Partner of	n Authorizad Camponete	Officer		
	r Aumorizea Corporate			
	r Authorized Corporate			
DATE.				
DATE: TELEPHONE		EMPLOYER		ION NUMBER:
DATE: TELEPHONE				
We the undersigned, attest that we are in	NUMBER: n possession (1) the ce	EMPLOYER (Note: <u>NOT</u> Ind	ividual Social So	ecurity Number)
TELEPHONE	NUMBER: n possession (1) the ce	EMPLOYER (Note: NOT Ind	ividual Social S	er 304 of the above named
We the undersigned, attest that we are in Acts of 2004, signed by the building insp	NUMBER: n possession (1) the ce ector and the head of ability insurance requ	EMPLOYER (Note: NOT Ind	ed by Chapte nent for the 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor liangle Please Check Below: APPROVED:	NUMBER: n possession (1) the ce ector and the head of ability insurance requ	EMPLOYER (Note: NOT Indestificate requires the fire departed by Chapter	ed by Chapte nent for the 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	NUMBER: n possession (1) the ce ector and the head of ability insurance requ	EMPLOYER (Note: NOT Ind rtificate require the fire departr ired by Chapter COCAL LICENS	ed by Chapte nent for the 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor liangle Please Check Below: APPROVED:	NUMBER: n possession (1) the ce ector and the head of ability insurance requ	EMPLOYER (Note: NOT Ind rtificate require the fire departr ired by Chapter COCAL LICENS	ed by Chapte nent for the 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	NUMBER: n possession (1) the ce ector and the head of ability insurance requ	EMPLOYER (Note: NOT Ind rtificate require the fire departr ired by Chapter COCAL LICENS	ed by Chapte nent for the 116 of the	er 304 of the above named Acts of 2010.



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 1006001//		CITY OR TOWN QUINCT	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
		DISTRIBUTORS, INC. ORD SUPERMARKET		
ADDRESS 47	5 HANCOCK STRE	ET		
CITY/TOWN:	: QUINCY	STATE: MA	ZIP CODE: 02170	
MANAGER:	MASCIULLI, ROBERT JOHN	TYPE OF LICENSE: Pa	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	_
DESCRIPTIO	N OF LICENSED PI	REMISES:		
	premises are now op	d with all laws of the Comen for business (If not export or Authorized Corp		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Please Check Bel APPROVED: DISAPPROVI	ED:		LOCAL LICENSING AUTH By:	ORITY
DATE:				
DAIL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	00600179		CITY OR TOWN	QUINCY	
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: N	MUI & CHEN, INC.				
DOING BUSINESS A	MANDARIN KING				
ADDRESS 656 WASH	INGTON STREET				
CITY/TOWN: QUINC	CY	STATE: MA	ZIP CODE:	02169	
MANAGER: MUI, A	. LIEN TYPE C	OF LICENSE: R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LIG	CASE ALSO VISIT OUR WEBSIT CENSED PREMISES:		EMAIL ADDRESS		
2. the licensee	license will be of the shas complied with all are now open for business.	same type for the laws of the Com	nmonwealth relating to		
SIGNED BY:	Individual, Partner or A	Authorized Corp	oorate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building inspec	tor and the hea	nd of the fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 100600180		CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	FUJI MOUNTAIN IN	C.			
DOING BUSINESS	A FUJI RESTAURANT	Γ			
ADDRESS 698 HAI	NCOCK STREET				
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02170	
MANAGER: LIN,	FANG TYPE C	OF LICENSE: Re	staurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBSTI LICENSED PREMISES		MAIL ADDRESS		
 the renew the licens 	swear under penalties of penalties of penalties will be of the see has complied with all isses are now open for bus	same type for the	monwealth relating to		
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	TUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are in plot by the building inspectorificate of liquor liab	tor and the hea	d of the fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10060	0183	CITY OR TOWN	QUINCY
APPLICATION FOR RENE	WAL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: SUJJC	ON CORP		
DOING BUSINESS A PUN	JAB CAFE		
ADDRESS 653 SOUTHER	ARTERY		
CITY/TOWN: QUINCY	STATE: M	ZIP CODE:	02169
MANAGER: SINGH, BAI	LWANT TYPE OF LICENSE:	Restaurant CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE AI	SO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
2200 SF, CONSISTING OF	KITCHEN AREA, DINING A	AREA, MEN 'S ROOM,	LADIES ROOM.
			
2. the licensee has co	der penalties of perjury that: se will be of the same type for omplied with all laws of the Co now open for business (If not e	ommonwealth relating to	
SIGNED BY:	dual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, signed by the	that we are in possession (1) building inspector and the lite of liquor liability insuran	nead of the fire departn	nent for the above named
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 100600185		CITY OR TOWN QUINCY	(
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	: MARRIOTT HOT	EL SERVICES, INC	2.	
DOING BUSINES	S A BOSTON MARR	IOTT QUINCY HO	TEL	
ADDRESS 1000 M	IARRIOTT DRIVE			
CITY/TOWN: QU	JINCY	STATE: MA	ZIP CODE: 02169	
MANAGER: CE	SARIO, DAVID TYI	PE OF LICENSE: In	nholder CATEGORY	Y: All Alcohol
EMAIL ADDRESS	3:	-		
	PLEASE ALSO VISIT OUR WI		MAIL ADDRESS	
	F LICENSED PREMIS			_
464 ROOM FULL BANQUET FACIL		T HOTEL WITH R	ESTAURANT, LOUNGE ANI)
T1 1	1	- C		_
•	swear under penalties		e same premises now licensed;	
		* *	monwealth relating to taxes; an	d
	nises are now open for		•	u
SIGNED BY:				
	Individual, Partner	or Authorized Corp	orate Officer	
DATE.				
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
			(1996) 1902 Maryiddai 50ch	a Security Transcer)
			ne certificate required by Cha	
	•	-	d of the fire department for the required by Chapter 116 of th	
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	101411
DISAPPROVED:				
(If disapproved exp	lain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600187		CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: QUARRY HILLS	S ASSOCIATES LIM	ITED PARTNERSH	IP	
DOING BUSINESS	SA				
ADDRESS 100 QU	ARRY HILLS DRIV	VE			
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02169	
	NNON, TY LTER J. III	YPE OF LICENSE:R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
GOLF COURSE PR	REMISES;PAVILLI	ON TENT: AND SU	PPORT BUIL DING.		
I hereby certify and	swear under penaltic	es of perjury that:			
			e same premises now		
	_		nmonwealth relating to	taxes; and	
3. the prem	ises are now open for	or business (If not exp	olain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	R IDENTIFICAT	TON NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
VV- 41	. J 444 db4		l	. 1 b Cb4	204 - 641
			he certificate require ad of the fire departi		
			required by Chapter		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:	11 (0 110 111	
DISAPPROVED:			,		
(If disapproved expl	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 100600188		CITY OR TOWN QUINCY	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI		ORRISETTE BLDG CORP		
CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE: 02169	
MANAGER:	NICHOLSON, GEORGE	TYPE OF LICENSE:Club	CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
			AINS CLUB ROOM, BAR, F NTRNCES SEATING FOR 1	
3. the SIGNED BY:		een for business (If not explain per for business) Partner or Authorized Corpor		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Acts of 2004,	signed by the build	ing inspector and the head	certificate required by Cha of the fire department for the quired by Chapter 116 of the	he above named
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600190		CITY OR TOW	N QUINCY	
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 751 EA	ST SQUANTUM S	ST			
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02170	
MANAGER: WH	ALEN, JOHN T	YPE OF LICENSE:Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		-
DESCRIPTION OF	LICENSED PREM	MISES:			
	SERVICE ENTRA	FRANCE AND EXIT ANCE/EXIT LOCATE			
	ises are now open	rith all laws of the Confor business (If not exp	olain below)	g to taxes; and	
	Individual, Part	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:		'ER IDENTIFICA' Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600191		CITY OR TO	IWN QUINCI	
APPLICATION FOR	RENEWAL:	Annual	Ll	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	L & M PRESID	DENTIAL ENTERPRI	SES, LLC		
DOING BUSINESS A	CHINA PEAF	RL INTERNATIONAL			
ADDRESS 237 QUIN	CY AVE				
CITY/TOWN: QUIN	ICY	STATE: MA	ZIP COD	E: 02169	
MANAGER: ZHEN	G, YU MEI	ΓΥΡΕ OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OU	IR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PRE	MISES:			
I hereby certify and sw	ear under penal	ties of perjury that:			
		of the same type for the	-		
	•	with all laws of the Cor		ting to taxes; and	
3. the premise	es are now open	for business (If not ex	plain below)		
SIGNED BY:					
	Individual, Par	tner or Authorized Cor	porate Officer		
DATE.					
DATE:	TELEPH	ONE NUMBER:		LOYER IDENTIFICA OT Individual Social	
Acts of 2004, signed	by the building	are in possession (1) to the inspector and the he	ad of the fire de	epartment for the	e above named
license and (2) the ce	ertificate of liqu	or liability insurance	e required by Cl	napter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	n)				
(ii disupproved explain	·· <i>)</i>				
DATE:					
			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600192		CITY OR TOWN	1 QUINCY	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SUKHMANI GROU	UP INC.			
DOING BUSINESS A	SHERE-A-PUNJA	ΛB			
ADDRESS 1237 HAN	NCOCK ST.				
CITY/TOWN: QUIN	ICY	STATE: MA	ZIP CODE:	02169	
MANAGER: SING	H, MANDEEP TYP	E OF LICENSE: Re	estaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF L					
DINNING ROOM WI EXITS, ONE AT EAC AND OFFICE IN BA	CH END OF RESTA				
	e has complied with es are now open for be	business (If not exp	lain below)	waxes, and	
DATE:	61742612		EMPLOY		EION NIII IDED
2112.	TELEPHONE	E NUMBER:		ER IDENTIFICAT Individual Social S	
We the undersigned Acts of 2004, signed license and (2) the co	by the building insp	pector and the hea	d of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved explai	11 <i>)</i>				
					_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600193		CITY	Y OR TOW	N QUINCY	
APPLICATION FO	R RENEWAL:	Annua	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME	: WILLIAM R.	CADDY DETACH	IMENT BUI	LDING FU	ND CORP	
DOING BUSINESS	S A					
ADDRESS 111 NE	WBURY AVE					
CITY/TOWN: QU	JINCY	STATE:	MA Z	ZIP CODE:	02171	
MANAGER: GAI WA	UTHIER, YNE	TYPE OF LICENS	SE: Veterans	club	CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL AD	DRESS		_
DESCRIPTION OF	LICENSED PR	EMISES:				
I hereby certify and	swear under pen	alties of perjury that	t :			
1. the renev	wed license will b	be of the same type f	for the same	premises no	w licensed;	
2. the licen	see has complied	l with all laws of the	Commonwe	ealth relating	g to taxes; and	
3. the prem	ises are now ope	n for business (If no	t explain bel	low)		
SIGNED BY:				\ car		
	Individual, Pa	artner or Authorized	Corporate C	Officer		
DATE:				EMBLOV		CION NILIMBED.
DATE.	TELEP	HONE NUMBER:			ER IDENTIFICAT Individual Social S	
				· —		
		e are in possession				
		ng inspector and th quor liability insura				
Please Check Below:				GAL LIGEN	IGDIG ALIEU	
APPROVED:					NSING AUTH	JRITY
DISAPPROVED:			By:	•		
(If disapproved exp	lain)					
			_			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600194		CITY OR TO	JWN	QUINCI	
APPLICATION FOR	RENEWAL:	Annual	L	ICENS	ED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	BORNEO CORP.					
DOING BUSINESS A	THE HALF DOOR					
ADDRESS 1514 HAN	COCK ST.					
CITY/TOWN: QUIN	CY	STATE: MA	ZIP COI	DE:	02169	
MANAGER: O'SUL PATRI		OF LICENSE: Res	staurant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS			-
DESCRIPTION OF LI	CENSED PREMISES	S:				
1 ROOM ON FIRST F	LOOR WITH ENTR	ANCE IN FRONT	: CELLAR F	OR STO	OCK	
I hereby certify and sw	ear under penalties of	perjury that:				
1. the renewed	l license will be of the	same type for the	same premise	s now 1	icensed;	
2. the licensee	has complied with all	l laws of the Comm	nonwealth rela	ating to	taxes; and	
3. the premise	s are now open for bu	siness (If not expla	ain below)			
SIGNED BY:						
	Individual, Partner or	Authorized Corpo	orate Officer			
DATE:	TELEPHONE 1	NUMBER:	EMP	LOYER	IDENTIFICAT	ION NUMBER:
			(Note: <u>N</u>	OT Indiv	vidual Social So	ecurity Number)
				_		404 0.5
We the undersigned, Acts of 2004, signed 1						
license and (2) the ce						
Please Check Below:			LOCALLI	CENSI	NG AUTHO	RITY
APPROVED:			By:	CLIVOI	1107101110	J. 1.
DISAPPROVED:			-3.			
(If disapproved explain	1)		-			
			-			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600196		CITY OR TO	WN QUINCI	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1241 HAN	GYPSY KIT	CHEN			
CITY/TOWN: QUIN	ICY	STATE: MA	ZIP COD	E: 02169	
MANAGER: LAMM	ME, LISA	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF L GOURMET FOOD A	ICENSED PRI		EMAIL ADDRESS		
2. the licensee	d license will be has complied es are now oper	e of the same type for th with all laws of the Con n for business (If not exp	nmonwealth rela		
	Individual, Par	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPI	HONE NUMBER:		OYER IDENTIFICAT OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LIC	CENSING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600197		CITY OR TOWN QUIN	CY
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	A&R DYNASTY	, INC.		
DOING BUSINESS A	A QUINCY DYN.	ASTY		
ADDRESS 4749 BI	LLINGS ROAD			
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE: 0217	1
MANAGER: MAH	, KIT LING TY	YPE OF LICENSE: Res	staurant CATEGO	RY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF I		WEBSITE AND ENTER YOUR EN ISES:	1AIL ADDRESS	
I hereby certify and sy	wear under penaltie	es of perjury that:		
• •	•		same premises now license	d;
2. the license	e has complied wit	th all laws of the Comm	nonwealth relating to taxes;	and
3. the premis	es are now open fo	or business (If not expla	nin below)	
SIGNED BY:	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTI	FICATION NUMBER:
			(Note: NOT Individual S	ocial Security Number)
Acts of 2004, signed	by the building in	nspector and the head	e certificate required by C l of the fire department fo equired by Chapter 116 of	r the above named
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:	in)			
· II	,			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	: 100600198		CITY OR TOW	/N QUINCY	
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 21 SCAM	A LUCKY DRAGO				
CITY/TOWN: QUIN		STATE: MA	ZIP CODE:	02169	
MANAGER: HUI,		PE OF LICENSE: Res		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF L SEATING COMPAC	LICENSED PREMIS				_
2. the license	ed license will be of e has complied with es are now open for	of perjury that: the same type for the all laws of the Comr business (If not expla	nonwealth relatin		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the co	by the building ins	spector and the head	l of the fire dep	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	2K: 100600199		CITY OR TOW	N QUINCI	
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	E: GENNARO'S EA S A GENNARO'S I	•			
CITY/TOWN: QU		STATE: MA	ZIP CODE:	02169	
MANAGER: MA		YPE OF LICENSE: Re		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR F LICENSED PREM	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
 the rene the licen 	nsee has complied w	of the same type for the ith all laws of the Comfor business (If not expl	monwealth relating		
SIGNED BY:	Individual, Partr	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		'ER IDENTIFICAT	
Acts of 2004, sign	ed by the building	re in possession (1) th inspector and the hea or liability insurance 1	d of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] Dlain)		LOCAL LICES By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 100600200		CITY OR TOWN	QUINCY	
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: S & H TOBACCO	,INC.			
DOING BUSIN	NESS A HANCOCK TOE	BACCO			
ADDRESS 150	00 HANCOCK STREET				
CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE:	02171	
MANAGER:	PATEL, TYI MINESHKUMAR S.	PE OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PREMIS	SES:			
	licensee has complied with premises are now open for Individual, Partner		lain below)	taxes; and	
	,	·			
DATE:	TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVE			By:		
(If disapproved					
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY L	ICENSEES DURING THE M	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600201		CITY OR TO	WN QUINCY	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	H Z 2002 COR	P			
DOING BUSINESS A	A KAGAWA JA	APANESE RESTAURA	ANT		
ADDRESS 1554 HAN	NCOCK ST.				
CITY/TOWN: QUIN	NCY	STATE: MA	ZIP CODE	E: 02169	
MANAGER: LAU,	HELEN K.	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L		UR WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS		
I hereby certify and sv	vear under pena	lties of perjury that:			
•	-	e of the same type for the	ne same premises	now licensed;	
2. the license	e has complied v	with all laws of the Con	nmonwealth relati	ing to taxes; and	
3. the premise	es are now open	for business (If not exp	plain below)		
SIGNED BY:	Individual, Par	tner or Authorized Cor	porate Officer		
DATE:	TELEPH	IONE NUMBER:		OYER IDENTIFICATION $f T$ Individual Social S	
Acts of 2004, signed	by the building	are in possession (1) t g inspector and the he nor liability insurance	ad of the fire dep	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explai	 n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600202		CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: DOING BUSINESS	99 WEST, INC. A 99 RESTAURANT				2.2.2
ADDRESS 59 NEW	PORT AVE				
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02171	
MANAGER:	TYPI	E OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEE LICENSED PREMISI		MAIL ADDRESS		
 the renew the licens 	swear under penalties of yed license will be of the see has complied with a sees are now open for b	ne same type for the	monwealth relating to		
SIGNED BY:	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
Acts of 2004, signe	d, attest that we are i d by the building insp certificate of liquor li	ector and the hea	d of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 100600203		CITY OR TOWN	N QUINCY	
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: ANDY & ED, INC				
DOING BUSINESS	S A GREAT CHOW				
ADDRESS 17 BEA	ALE ST				
CITY/TOWN: QU	JINCY	STATE: MA	ZIP CODE:	02170	
MANAGER: KW	AN, WAH TAT TYPE	OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
	F LICENSED PREMISE				
	CLUDING SEATING				
	A TOTAL AREA OF 3 12 SQ. FT. FOR ADDI				N PREP
	UNISEX HANDICAP				
I hereby certify and	swear under penalties o	f perjury that:			
•	wed license will be of th		same premises no	w licensed;	
	see has complied with a	• •	•		
	nises are now open for b		_	,	
SIGNED BY:					
	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT I	ndividual Social S	ecurity Number)
We the undersign	ed, attest that we are in	n possession (1) th	e certificate requi	ired by Chapt	er 304 of the
Acts of 2004, sign	ed by the building insp	ector and the hea	d of the fire depar	tment for the	above named
license and (2) the	e certificate of liquor lia	ability insurance i	required by Chapt	ter 116 of the	Acts of 2010.
Please Check Below:	_		LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					
*					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 100600204		CITY OR TOWN QUIN	CY
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	ME: QUINCY GAR	R MING, INC		
DOING BUSIN	NESS A HONG KON	G EATERY		
ADDRESS 151	0 HANCOCK ST			
CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE: 0216	9
	CHU, JOHNNY C.M.	TYPE OF LICENSE: Re	estaurant CATEGO	PRY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	N OF LICENSED PRE			
BAR, DINING	ROOM AND KITCH	EN ON FIRST FLOOR	, STORAGE IN BASEMEN	Τ
2. the l	icensee has complied premises are now open	* *		
DATE:	TELEPF	IONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER:
Acts of 2004, s	signed by the building	g inspector and the hea	ne certificate required by C d of the fire department fo required by Chapter 116 o	r the above named
Please Check Belo	<u>w:</u>		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	слрішіі)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 100600205		CITYORI	OWN Q	UINCI	
APPLICATION FO	R RENEWAL:	Annual		LICENSEI	D FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	BNJ, INC.					
DOING BUSINESS	A FUJI II					
ADDRESS 1546 HA	ANCOCK ST					
CITY/TOWN: QU	INCY	STATE: MA	ZIP CO	DE: 0	02169	
MANAGER: TSE	, PETER W	TYPE OF LICENSE: Re	estaurant	CATI	EGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS			-
DESCRIPTION OF						
		I 116 SEATS, RESTROO IE FRONT AND BACK.	MS, KITCHE	N, STORA	AGE FAC	ILITY
•	-	nalties of perjury that:	·	1: .		
		be of the same type for the ed with all laws of the Com	-			
	-	en for business (If not exp		iating to ta	ixes, and	
		en for easiness (if not exp				
SIGNED BY:						
	Individual, F	Partner or Authorized Corp	orate Officer			
DATE:	TELE	PHONE NUMBER:				ION NUMBER:
			(Note: <u>I</u>	NOT Individ	lual Social Se	ecurity Number)
We the undersigne	ed, attest that v	we are in possession (1) tl	ne certificate	required l	by Chapte	er 304 of the
		ing inspector and the hea iquor liability insurance				
	cer uncate of i	iquoi nabinty insurance	-	_		
Please Check Below: APPROVED:				LICENSIN	G AUTHO	ORITY
DISAPPROVED:			By:			
(If disapproved expl	ain)					
DATE:						
						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10060020)7	CITY OR TOWN	QUINCY	
APPLICATION FOR RENEWA	AL: Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: JAZZ MO	OON, INC.			
DOING BUSINESS A JAZZ M	IOON			
ADDRESS 217 QUINCY AVE	NUE UNIT2A-D			
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02169	
MANAGER: LE, JASMINE	TYPE OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF LICENSEE	VISIT OUR WEBSITE AND ENTER YOUR EM O PREMISES:	IAIL ADDRESS		-
2. the licensee has comp 3. the premises are now SIGNED BY:	will be of the same type for the plied with all laws of the Comm open for business (If not explant), Partner or Authorized Corpo	nonwealth relating to in below)		
marvidua	n, ratulet of Authorized Corpo	rate Officer		
DATE: TE	LEPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
We the undersigned, attest the Acts of 2004, signed by the bulicense and (2) the certificate	ilding inspector and the head	of the fire departr	nent for the	above named
Please Check Below: APPROVED:		LOCAL LICENS By:	ING AUTHO	ORITY
DISAPPROVED: [] (If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	100600209		CITY OR TOWN	1 QUINCY	
APPLICATION FOR F	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 1	TAIYOU SHABU, INC.				
DOING BUSINESS A	TAIYOU SHABU & S	USHI			
ADDRESS 235-A QUI	CNY AVE				
CITY/TOWN: QUINC	CY S'	TATE: MA	ZIP CODE:	02169	
MANAGER:	TYPE OF	LICENSE: Res	taurant (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES:				
A DINE IN FOOD CO FOOD.	URT/ RESTAURANT V	WITH 282 SEA	ΓS CAPACITY S	ERVING ASI	AN
SIGNED BY:	s are now open for busing		·		
DATE:	TELEPHONE NU	MBER:		ER IDENTIFICAT	
Acts of 2004, signed b	attest that we are in po by the building inspector tificate of liquor liabili	or and the head	of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:	٦		By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 100600210		CITY OR TOWN	1 QUINCY	
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: CJMK INC				
DOING BUSI	NESS A ALBA RES	STAURANT			
ADDRESS 14	86 HANCOCK ST				
CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE:	02169	
MANAGER:	KEKA, NARDI	TYPE OF LICENSE:R	estaurant (CATEGORY:	All Alcohol
EMAIL ADDF	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED PI				
		LOUNGE LOCATED C AND A REAR EXIT ON		ASEMENT W	ITH AN
T.1 1					
•	-	nalties of perjury that: be of the same type for the	ne same premises no	w licensed:	
		d with all laws of the Cor	•		
	•	en for business (If not exp	<u> </u>	to taxes, and	
SIGNED BY:					
	Individual, F	Partner or Authorized Cor	porate Officer		
DATE:			EMPLOVI	ED IDENTIFICAT	FION NI IMPED.
DATE.	TELEI	PHONE NUMBER:		ER IDENTIFICAT ndividual Social S	
					•
		ve are in possession (1) t ing inspector and the he			
		iquor liability insurance			
Please Check Belo	ow:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 100600211		CITY OR TOWN	QUINCY	
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 201	13
		CLASS		7	YEAR
LICENSEE NAM	IE: SCHWANK	E BROS, INC			
DOING BUSINE	ESS A THE CLAN	M BOX			
ADDRESS 789 (QUINCY SHORE	DRIVE			
CITY/TOWN: (QUINCY	STATE: MA	ZIP CODE:	02169	
	CHWANKE, RYAN	TYPE OF LICENSE: Res	staurant CA		Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION O	OF LICENSED PI	REMISES:			
WITH OUTDOO	R PATIO LOCA	EMENT. PARKING LOT IN FED AT 789 QUINCY SHO ACHEM STREET.			
I hereby certify a	nd swear under pe	nalties of perjury that:			
1. the rea	newed license will	be of the same type for the	same premises now	licensed;	
	-	ed with all laws of the Comm	_	taxes; and	
3. the pro	emises are now op	en for business (If not expla	in below)		
SIGNED BY:		Partner or Authorized Corpo	· 		
			· 		
	Individual, F		orate Officer	IDENTIFICATIon	
DATE: We the undersig Acts of 2004, sig	Individual, F TELE gned, attest that v	Partner or Authorized Corpo	EMPLOYER (Note: NOT Indice certificate require	ividual Social Sec ed by Chapter nent for the a	r 304 of the
DATE: We the undersig Acts of 2004, sig license and (2) t Please Check Below:	Individual, F TELE gned, attest that v gned by the build he certificate of l	Partner or Authorized Corporation PHONE NUMBER: we are in possession (1) the ing inspector and the head	EMPLOYER (Note: NOT Indice certificate require	d by Chapten nent for the a	r 304 of the above named acts of 2010.
DATE: We the undersig Acts of 2004, sig license and (2) t Please Check Below: APPROVED:	Individual, F TELE gned, attest that v gned by the build he certificate of l	Partner or Authorized Corporation PHONE NUMBER: we are in possession (1) the ing inspector and the head	EMPLOYER (Note: NOT Indice certificate required lof the fire department of the fire department)	d by Chapten nent for the a	r 304 of the above named acts of 2010.
DATE: We the undersig Acts of 2004, sig license and (2) t Please Check Below: APPROVED: DISAPPROVED	Individual, F TELE gned, attest that v gned by the build he certificate of l	Partner or Authorized Corporation PHONE NUMBER: we are in possession (1) the ing inspector and the head	EMPLOYER (Note: NOT Indice certificate required of the fire department of the fire departme	d by Chapten nent for the a	r 304 of the above named acts of 2010.
DATE: We the undersig Acts of 2004, sig license and (2) t Please Check Below: APPROVED:	Individual, F TELE gned, attest that v gned by the build he certificate of l	Partner or Authorized Corporation PHONE NUMBER: we are in possession (1) the ing inspector and the head	EMPLOYER (Note: NOT Indice certificate required of the fire department of the fire departme	d by Chapten nent for the a	r 304 of the above named acts of 2010.
DATE: We the undersig Acts of 2004, sig license and (2) t Please Check Below: APPROVED: DISAPPROVED	Individual, F TELE gned, attest that v gned by the build he certificate of l	Partner or Authorized Corporation PHONE NUMBER: we are in possession (1) the ing inspector and the head	EMPLOYER (Note: NOT Indice certificate required of the fire department of the fire departme	d by Chapten nent for the a	r 304 of the above named acts of 2010.



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	VIBER: 100600212		CITY OR TOWN	QUINCI	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: PHILLIPS OF C	QUINCY INC.			
DOING BUSIN	NESS A ADAMS SHO	RE SUPERMARKET (I	(GA)		
ADDRESS 486	SEA STREET				
CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE:	02169	
	PHILLIPS, T EVANGELINE	YPE OF LICENSE: Pac	kage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PREM	MISES:			
CHECKOUT C ENTRANCE/E	COUNTERS AT FRON	/ APPROX. 6560 S/F O T DOOR, FULL BASE NER OF STORE W/ EN EET.	MENT STORAGE	AND MAIN	ON
I hereby certify	and swear under penalt	ies of perjury that:			
•	-	of the same type for the	same premises now	licensed;	
2. the l	licensee has complied w	rith all laws of the Comm	nonwealth relating t	to taxes; and	
3. the 1	premises are now open f	for business (If not expla	nin below)		
SIGNED BY:	Individual, Parti	ner or Authorized Corpo	orate Officer		
DATE:			EMDI OVE	R IDENTIFICAT	TON NIIMDED.
DITE.	TELEPHO	ONE NUMBER:		dividual Social S	
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	ехріані)				
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	00600213		CITY OR TOWN	QUINCY	
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: R DOING BUSINESS A ADDRESS 132 EAST 1	YAZ'S PLACE				
CITY/TOWN: QUINC	CY	STATE: MA	ZIP CODE:	02169	
MANAGER: MOHALER	MMAD,YAS TYPE (OF LICENSE:Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE DESCRIPTION OF LIG	ASE ALSO VISIT OUR WEBSI CENSED PREMISES		MAIL ADDRESS		
2. the licensee	license will be of the has complied with all are now open for bus	same type for the laws of the Comi	monwealth relating		
SIGNED BY:	ndividual, Partner or A	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	IUMBER:			TION NUMBER:
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building inspec	tor and the hea	d of the fire depart	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

C	ITY OR TOWN QUINCY	
Annual	LICENSED FOR 20	013
CLASS		YEAR
NC.		
EN SEAFOOD RESTAU	JRANT	
STATE: MA	ZIP CODE: 02169	
PE OF LICENSE: Restat	urant CATEGORY:	Wine and Malt Regular
EBSITE AND ENTER YOUR EMAI	L ADDRESS	
SES:		
business (If not explain	below)	
NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
spector and the head o	f the fire department for the	above named
	LOCAL LICENSING AUTH	ORITY
	By:	
	Annual CLASS NC. EN SEAFOOD RESTAU STATE: MA PE OF LICENSE: Restau EBSITE AND ENTER YOUR EMAIL SES: RATE KITCHEN, DIN AT PRESIDENTS PLA S of perjury that: the same type for the same all laws of the Common business (If not explain or or Authorized Corporation NE NUMBER: E in possession (1) the cospector and the head of liability insurance requirements.	CLASS NC. EN SEAFOOD RESTAURANT STATE: MA ZIP CODE: 02169 PE OF LICENSE: Restaurant CATEGORY: EBSITE AND ENTER YOUR EMAIL ADDRESS SES: RATE KITCHEN, DINING ROOM AND THREE TAT PRESIDENTS PLAZA. S of perjury that: the same type for the same premises now licensed; an all laws of the Commonwealth relating to taxes; and business (If not explain below) To or Authorized Corporate Officer EMPLOYER IDENTIFICATION.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600215		CITY OR TOWN QUINCY	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 170 QUII	A O'LINDY'S LAN		NC	
CITY/TOWN: QUII	NCY	STATE: MA	ZIP CODE: 02169	
MANAGER: MEZZ P.	ZETTI, JAMES TY	PE OF LICENSE: Re	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
		EBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF I				
16 BOWLING LANE ONE ENTRY AND 3			ROMS WITH COUNTER IN M	IIDDLE. -
	es are now open for	business (If not exp		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed	by the building in	spector and the hea	ne certificate required by Chap d of the fire department for th required by Chapter 116 of th	e above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 100600216		CITY OR TOWN QUINC	CY
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NA	AME: EAST CHINA	ATOWN RESTAURANT	Γ, INC	
DOING BUSI	NESS A EAST CHIN	IATOWN RESTAURAN	NT	
ADDRESS 41	5 HANCOCK ST			
CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE: 02171	
MANAGER:	YU, CECILIA	TYPE OF LICENSE:R	estaurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PR			
			E ON THE FIRST FLOOR. S' ROM A SMALL COOLER IN	
3. the SIGNED BY:		n for business (If not exp	, 	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFI (Note: NOT Individual Soc	
Acts of 2004,	signed by the building	ng inspector and the hea	he certificate required by Ch ad of the fire department for required by Chapter 116 of t	the above named
Please Check Belo			LOCAL LICENSING AU	THORITY
APPROVED: DISAPPROVI	ED:		Ву:	
(If disapproved	ı expiain)			
DATE				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600217		CITY OR TOWN QU	JINCY
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: KAM MAN LIQU DOING BUSINESS A ADDRESS 219 QUINCY AVENUE	ORS INC.		
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE: 02	2169
MANAGER: WU, WAN C. TYI	PE OF LICENSE: Pac	kage Store CATE	GORY: Wine and Malt Regular
EMAIL ADDRESS:			
	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
3250 sq ft masonry building with basemen		d rear	
I hereby certify and swear under penalties			
1. the renewed license will be of	• •	•	
2. the licensee has complied with	all laws of the Comm	nonwealth relating to tax	es; and
3. the premises are now open for	business (If not expla	in below)	
SIGNED BY: Individual, Partner	or Authorized Corpo	rate Officer	
DATE: TELEPHON	IE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING By:	AUTHORITY
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600218		CITY OR TOWN	QUINCY	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: WALEED AL-SHURA DOING BUSINESS A TEDESCHI'S	AFA			
ADDRESS 495 WASHINGTON ST.			02160	
CITY/TOWN: QUINCY	STATE: MA	ZIP CODE:	02169	
MANAGER: WALEED AL- SHURAFA TYPE C	OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSTI	TE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES	:			
VARIETY STORE IN STRIP MALL				
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	same type for the	same premises now	licensed;	
2. the licensee has complied with all	laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for bus	siness (If not expla	in below)		
SIGNED BY: Individual, Partner or	Authorized Corpo	rate Officer		
DATE: TELEPHONE N	NUMBER:			TON NUMBER:
		(Note: <u>NOT</u> Ind	ividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:	1107101110	SIGI I
DISAPPROVED:		2).		
(If disapproved explain)		-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 100600219		CITY OR TOWN QU	INCY
APPLICATIO	N FOR RENEWAL	.: Annual	LICENSED	FOR 2013
		CLASS		YEAR
DOING BUSI	AME: WEST ELM NESS A 19 WEST ELM AVI			
CITY/TOWN:	: QUINCY	STATE: MA	ZIP CODE: 02	169
MANAGER:	RAIMONDI, MICHAEL J.	TYPE OF LICENSE:P	ackage Store CATEO	GORY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
A SINGLE ST			ONE MAIN ENTRANCE ROOM.	/EXIT AND
2. the	premises are now o			
DATE:	TELl	EPHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING By:	AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600220	(CITY OR TOWN	QUINCY	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: SURESH CHABRIA INC.				
DOING BUSINESS A CHAB'S DAILY MART				
ADDRESS 291 QUINCY AVENUE				
CITY/TOWN: QUINCY ST.	ATE: MA	ZIP CODE:	02169	
MANAGER: SURESH CHABRIA TYPE OF I	LICENSE: Pack	age Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
CONVENIENCE STORE IN STRIP MALL				
the licensee has complied with all law the premises are now open for busines	s of the Commo	onwealth relating to		
SIGNED BY: Individual, Partner or Autl	norized Corpor	ate Officer		
DATE: TELEPHONE NUM	IBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHO	ORITY
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES	S DURING THE MO	NTH OF NOVEMBER (M	GL Ch 138 \$ 16	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 100600222		CITY OR TOWN	QUINCY	
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 397 HAI	A SHABU RE	STAURANT			
CITY/TOWN: QUI	INCY	STATE: MA	ZIP CODE:	02169	
MANAGER: LIA	NG, JIMMY	TYPE OF LICENSE: Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF 2 STORY BRICK B USED FOR RESTA	UILDING. 100	EMISES: 0 SQ. FT. WITH 600 SQ.	FT. BASEMENT. I	FIRST FLOO	R TO BE
	ises are now ope	I with all laws of the Come en for business (If not expl	ain below)	o taxes; and	
DATE:	TELEP	PHONE NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the buildi	re are in possession (1) th ng inspector and the head quor liability insurance r	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600223		CITY OR TOWN QUINC	Y
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR	2 2013
	CLASS		YEAR
LICENSEE NAME: FERRETT DOING BUSINESS A THE FAT ADDRESS 24 CHESTNUT STR	CCAT		
CITY/TOWN: QUINCY	STATE: MA	ZID CODE: 02160	
		ZIP CODE: 02169	X 7
MANAGER: KILEY, NEIL J. EMAIL ADDRESS: PLEASE ALSO VE DESCRIPTION OF LICENSED I 1180 SQ. FT. ON FIRST FLOOR ENTRANCES FRONT AND RE. CHAIRS	OF 24 CHESTNUT STREE	MAIL ADDRESS T WITH HANDI-CAPPED I	
2. the licensee has compl 3. the premises are now of SIGNED BY:	• •	·	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social Contificate required by Che	ial Security Number)
Acts of 2004, signed by the buil license and (2) the certificate of	ding inspector and the head	l of the fire department for t	the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT	THORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600224		CITY OR TOWN	QUINCY
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1550 HA	A S6			
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02169
MANAGER: REC	O, COURTNEY TYPI	E OF LICENSE:Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEI		IAIL ADDRESS	
1600 SQ. FT. 25% C	LICENSED PREMISI OF STORE FRONT, C SINESS, 2 MEANS O	COMMERCIAL BUI	LDING COMPLET	TELY SEPARATE
	see has complied with a ises are now open for b	ousiness (If not expla	uin below)	o taxes; and
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building insp	pector and the head	l of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 100600225		CITY OR TOWN QUINCT	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSII	AME: DHANANJA NESS A SEVEN EL FRANKLIN STREE	EVEN		
CITY/TOWN:	QUINCY	STATE: MA	ZIP CODE: 02169	
MANAGER:	PATEL, DHANANJAY B.	TYPE OF LICENSE:P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION CONCENIENCE	N OF LICENSED PE CE STORE	REMISES:		
2. the	licensee has complie premises are now op			
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	K : 100600226		CITY	JR TOWN QUINC	, I
APPLICATION FOR	R RENEWAL:	Annual		LICENSED FOR	R 2013
		CLASS			YEAR
LICENSEE NAME:	GIANG'S FAI	MILY INC.			
DOING BUSINESS	A QUINCY JA	DE RESTAURANT			
ADDRESS 18-22 CO	OTTAGE STRE	ET			
CITY/TOWN: QUI	NCY	STATE: MA	ZII	P CODE: 02169	
MANAGER: GIAI PHU	NG, MIHN OC	TYPE OF LICENSE: Res	staurant	CATEGOR	RY: Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EN	MAIL ADDR	ESS	
DESCRIPTION OF					
STORE FRONT ON	COTTAGE AV	/EKITCHEN IN BACK	STC	PRAGE DOWNSTAL	IRS
I hereby certify and s	-				
		be of the same type for the	-		
2. the licens	ee has complied	with all laws of the Comr	nonweal	th relating to taxes; a	.nd
3. the premi	ses are now oper	n for business (If not expla	ain belov	w)	
SIGNED BY:					
	Individual, Pa	rtner or Authorized Corpo	rate Off	icer	
			Į		
DATE:	TELEP)	HONE NUMBER:		EMPLOYER IDENTIFIED	
			(N	Note: <u>NOT</u> Individual Soc	ial Security Number)
Acts of 2004, signed	d by the buildin	e are in possession (1) the g inspector and the heac yoor liability insurance r	l of the	fire department for	the above named
Please Check Below:			LOC	AL LICENSING AU	THORITY
APPROVED:			By:	in Erezivan ve rie	
DISAPPROVED:			,		
(If disapproved expla	ain)				
DATE:					
D.1111.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100600227	CITY OR TOWN QUINCY
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: BOSTON BUTLER, INC./NORFO	OLK COUNTY CONCESSION
DOING BUSINESS A THE VIEW	
ADDRESS 357 W. SQUANTOM ST	
CITY/TOWN: QUINCY STATE:	MA ZIP CODE: 02169
MANAGER: CARR, CHRISTOPH TYPE OF LICENS ER	E:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR RESTAURANT & KITCHEN SPACE, ENTRANCES/EXITS PLUS SLIDING GLASS WINDO APPROX.34 ACRES & IN QUINCY	
I hereby certify and swear under penalties of perjury that	:
1. the renewed license will be of the same type f	or the same premises now licensed;
2. the licensee has complied with all laws of the	•
3. the premises are now open for business (If no	t explain below)
SIGNED BY: Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insura	e head of the fire department for the above named
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED: (If disapproved explain)	
(II disappioved explain)	
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 100600228		CITY OR TOWN	QUINCY		
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME:	ABOUZEID FOOD	S INC.				
DOING BUSINESS	A WEBSTER'S RES	TAURANT				
ADDRESS 13 SCA	MMELL STREET					
CITY/TOWN: QU	INCY	STATE: MA	ZIP CODE:	02169		
	OUZEID, TYP ROUN M.	E OF LICENSE: R	estaurant C.	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_	
	LICENSED PREMIS					
	K & MASONRY BLI & LADIES ROOMS,) PERSONS)		
I hereby certify and	swear under penalties	of perjury that:				
1. the renew	ved license will be of t	he same type for th	e same premises now	licensed;		
2. the licens	see has complied with	all laws of the Con	nmonwealth relating t	o taxes; and		
3. the premi	ises are now open for l	ousiness (If not exp	lain below)			
SIGNED BY:	Individual, Partner	or Authorized Corp	porate Officer			
DATE:	TELEPHONE NUMBER:			EMPLOYER IDENTIFICATION NUMBE		
			(Note: NOT Inc	(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, signe	ed, attest that we are d by the building ins certificate of liquor l	pector and the hea	ad of the fire depart	ment for the	above named	
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: [(If disapproved expl	ain)					
(ii disappioved expi	u,					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600229		CITY OR TOWN	QUINCY	
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	BURKE'S SEAFOOD, IN	IC .			
DOING BUSINESS A	BURKE'S SEAFOOD				
ADDRESS 61 BILLIN	NGS RD				
CITY/TOWN: QUIN	ICY ST	CATE: MA	ZIP CODE:	02169	
MANAGER: BURK	E, RICHARD TYPE OF	LICENSE: Rest	aurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
	OG CONTAINS APPROX EA WITH 2 MAIN ENTR SEATING				HROOM
I hereby certify and sw	vear under penalties of per	jury that:			
1. the renewed	d license will be of the san	ne type for the s	same premises nov	v licensed;	
2. the licensee	has complied with all lav	vs of the Comm	onwealth relating	to taxes; and	
3. the premise	es are now open for busine	ss (If not expla	in below)		
SIGNED BY:	Individual, Partner or Au	thorized Corpor	rate Officer		
DATE:	TELEPHONE NUI	MBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
			(Note: NOT Individual Social Security Number)		
Acts of 2004, signed	attest that we are in pos by the building inspector rtificate of liquor liabilit	r and the head	of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 100600230		CITY OR TOWN QUINC	CY
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NAME:	WILD BURGER LI	LC		
DOING BUSINESS	A WILD WILLY'S I	BURGERS		
ADDRESS 588 WAS	SHINGTON STREET	Γ		
CITY/TOWN: QUI	NCY	STATE: MA	ZIP CODE: 02169	
MANAGER: BENIA.	NETT, PAUL TYP	E OF LICENSE: Res	taurant CATEGOR	RY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
~			S, 50 EMPLOYEES, 77 PAI L EXITS IN REAR IN TOT	
I hereby certify and s	wear under penalties	of perjury that:		
1. the renewe	ed license will be of t	he same type for the	same premises now licensed	;
2. the license	ee has complied with	all laws of the Comm	nonwealth relating to taxes; a	nd
3. the premis	es are now open for l	ousiness (If not expla	in below)	
SIGNED BY:	Individual Partner	or Authorized Corpo	rate Officer	
	marviduai, i artiici	or Authorized Corpo	rate Officer	
DATE:	TELEDIAN		EMPLOYER IDENTIF	ICATION NUMBER
2112.	TELEPHONI	E NUMBER:	(Note: NOT Individual Soc	
	_			
_		_	certificate required by Ch of the fire department for	_
	•	-	equired by Chapter 116 of	
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				
· - ·				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100600231		CITY OR TOWN QUINC	CY
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME:	GRANITE STREE	T CAFÉ, INC.		
DOING BUSINESS A	GRANITE STRE	ET CAFÉ		
ADDRESS 378 GRAN	IITE STREET			
CITY/TOWN: QUIN	CY	STATE: MA	ZIP CODE: 02169	
MANAGER: BERBI	ERI, ARBEN TYI	PE OF LICENSE: Re	staurant CATEGOR	RY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMIS	SES:		
49 SEAT RESTAURA	NT, TWO MEAN	S OF EGRESS, FRO	NT & BACK, MENS & LAI	DIES
I hereby certify and sw	ear under penalties	of perjury that:		
		• •	same premises now licensed	
			nonwealth relating to taxes; a	and
3. the premises	s are now open for	business (If not expl	ain below)	
SIGNED BY:	Indiaideal Dantasa			
	individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEDION		EMPLOYER IDENTIF	ICATION NUMBER
21112.	TELEPHON	E NUMBER:	(Note: NOT Individual So	
			e certificate required by Ch d of the fire department for	
			required by Chapter 116 of	
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	1)			
DATE:				
DINIL.				